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CRAIG A, STEELE
T. PETER PIERCE
TERENCE R, BOGA
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ROXANNE M, DIAZ
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ROY A, CLARKE ROY A. CLARKE WILLIAM P. CURLEY III MICHAEL F. YOSHIBA REGINA N. DANNER REGINA N. DANNER
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DERORBH P. HARMAN DEBORAH R. HAKMAN D. CRAIG FOX ALEXANDER ABBE DAVID M. SNOW LOLLY A. ENRIQUEZ KIRSTEN R. BOWMAN G. INDER KHALSA GINETTA L. GIOVINCO TRISHA ORTIZ CANDICE K. LEE DAVID G. ALDERSON MELISSA M. CROSTHWAITE MARICELA E. MARROQUÍN GENA M. STINNETT JENNIFER PETRUSIS
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SAN FRANCISCO OFFICE TELEPHONE 415.421.8484

ORANGE COUNTY OFFICE TELEPHONE 714.990.0901 February 29, 2008

VIA E-MAIL AND CERTIFIED MAIL

Ms. Kim Muratore, Case Developer (SFD-7-5) U.S. EPA, Region 9 75 Hawthorne Street San Francisco, CA 94105

Re: Responses of Burbank-Glendale-Pasadena Airport Authority to EPA Request for Information for North Hollywood Operable Unit, CA.

Dear Ms. Muratore:

This letter responds on behalf of the Burbank-Glendale-Pasadena Airport Authority ("BGPAA") to EPA's request for information with respect to the North Hollywood Operable Unit pertaining to the Bob Hope Airport. These responses are made pursuant to the extension that you granted pursuant to your e-mail of January 10, 2008. We appreciate your courtesy in granting this extension.

All responses to requests for information hereto are limited to information currently available to BGPAA through its current employees and documents and are limited to the BGPAA actual activities on property it owns within the boundaries of the North Hollywood Operable Unit. The responses herein are <u>not</u> intended to provide information about prior uses of those portions of the Bob Hope Airport that are currently within the boundaries of the North Hollywood Operable Unit where such prior uses were conducted by other owners <u>prior</u> to the acquisition of the particular parcel by the Authority. Some of the documents provided in this response may include some incidental information about the history of past uses as determined by various outside environmental consulting firms, but BGPAA has no information other than contained in those environmental reports containing prior uses of the Airport property.

RICHARDS | WATSON | GERSHON ATTORNEYS AT LAW - A PROFESSIONAL CORPORATION

Ms. Kim Muratore, February 29, 2008 Page 2

All future correspondence regarding this information request and the responses thereto should be directed to:

Mr. Dan Feger Interim Executive Director Burbank-Glendale-Pasadena Airport Authority 2627 No. Hollywood Way Burbank, CA. 91505

with copy to:

Norman A. Dupont, Esq. Richards, Watson & Gershon 355 So. Grand Avenue 40th Floor Los Angeles, CA 90071.

Very truly yours,

Norman A. Dupont

Enclosure(s)

12285-0016\1035166v1.doc

RESPONSES OF BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY TO EPA REQUEST FOR INFORMATION ON NORTH HOLLYWOOD OPERABLE UNIT OF SAN FERNANDO VALLEY SUPERFUND SITE

REQUEST FOR INFORMATION NO. 1:

State the full legal name, address, telephone number, position(s) held by, and tenure of the individual(s) answering any of the questions below on behalf of the BGPAA.

RESPONSE TO REQUEST FOR INFORMATION NO. 1:

The Burbank-Glendale-Pasadena Airport Authority ("BGPAA") coordinated work performed by its environmental consultant, ENSR with project manager David Parker, its legal counsel, the law firm of Richards, Watson & Gershon, and its staff in order to prepare responses to this information request.

The person in charge of this coordinated effort is Dan Feger, Interim Executive Director, BGPAA. Mr. Feger has been employed by the BGPAA in a senior staff position since 1988. Mr. Feger's address is: Burbank-Glendale-Pasadena Airport Authority, 2627 No. Hollywood Way, Burbank, Ca 91505. A complete list of other BGPAA personnel who were consulted in order to prepare answers to some of the questions posed by this information request is attached hereto as Exhibit "A."

REQUEST FOR INFORMATION NO. 2:

Identify the individuals who are or were responsible for environmental matters at the Facility. Henceforth, the term "Facility" shall be interpreted to include both the real property and any improvements thereto. If different individuals are or were responsible for environmental

matters at different portions of the Facility, indicate on a map of the Facility the geographic location(s) and business' name(s) for which each individual had or has environmental responsibility. For each individual responsible for environmental matters, provide his/her full name, current or last known address, current or last known telephone number, position titles, and the dates each individual held such position.

RESPONSE TO REQUEST FOR INFORMATION NO. 2:

Mr. Dan Feger, Interim Executive Director of the BGPAA and Mr. Mark Hardyment,
Director of Noise and Environmental Programs for the BGPAA have general responsibility for
environmental matters throughout the property owned by the BGPAA, including that property
located within the boundaries of the North Hollywood Operable Unit. The contact information
for both individuals is contained in Exhibit "A" hereto.

REQUEST FOR INFORMATION NO. 3:

Provide the date the BGPAA was incorporated, formed, or organized. Explain the BGPAA's present operational status (e.g., active, suspended, defunct, merged, or dissolved).

RESPONSE TO REQUEST FOR INFORMATION NO. 3:

The Burbank-Glendale-Pasadena Airport Authority ("BGPAA"), was incorporated on June 21, 1977. It is a California joint powers authority, which is authorized pursuant to Government Code Section 6500, et. seq. The BGPAA is an active joint powers authority.

REQUEST FOR INFORMATION NO. 4

Identify the dates the BGPAA has owned the Facility. Identify all parcel numbers and street addresses associated with the Facility from the date the BGPAA acquired the real property to the present, and provide a copy of the title documentation evidencing the BGPAA's ownership

of the Facility. Please also provide a map that shows the locations of each parcel and street address identified by the BGPAA in response to the request.

RESPONSE TO REQUEST FOR INFORMATION NO. 4:

The BGPAA objects insofar as this request for information seeks data on those portions of the airport outside of the North Hollywood Operable Unit on the grounds that such data is irrelevant to the stated purpose and basis of the request. Notwithstanding such objection, the BGPAA responds that it acquired the majority of the current airport from Lockheed Corporation in 1978. The BGPAA has acquired additional parcels supplementing the original 1978 acquisition over time, and a complete listing of the supplemental acquisitions is contained in Exhibit "B" hereto. A map of the current boundaries of the Bob Hope Airport, together with depictions of the various acquisitions of parcels over time is also contained in Exhibit "B" hereto.

REQUEST FOR INFORMATION NO. 5:

Identify the dates, if any, that the BGPAA did not own but controlled operations at the Facility.

RESPONSE TO REQUEST FOR INFORMATION NO. 5:

The BGPAA objects to this request as vague insofar as the term "controlled". For purposes of CERCLA, a party is deemed to be an "operator" of a "facility" if and only that party "had BGPAA to control the cause of contamination at the time the hazardous substances were released into the environment." Kaiser Aluminum & Chem. Corp. v. Catellus Dev. Corp., 976 F.2d 1338, 1342 (9th Cir. 1992), quoted in Southern California Water Co. v. Aerojet-General Corp., 2003 WESTLAW 25537163 at *3 (C.D. Ca. 2003). To the extent that EPA seeks

information about property that the BGPAA did not "own" but "operated" within the meaning of CERCLA, then the response is that there is no such property located within the boundaries of the North Hollywood Operable Unit.

REQUEST FOR INFORMATION NO. 6:

For the period of time during which the BGPAA has owned the Facility or controlled its operations, provide a list of the names, current addresses, and phone numbers of each tenant, lessee and contractor who conducted operations at the Facility, the time period during which each lessee or contractor operated, and a brief description of the portion(s) of the Facility at which each operated. Please also provide a map showing the location(s) within the Facility at which each tenant, lessee, and contractor operated.

RESONSE TO REQUEST FOR INFORMATION NO. 6:

The BGPAA objects to this request as vague insofar as the term "controlled" insofar as it implies that the BGPAA "controls" the day-to-day operations of its tenants, and further objects to the request insofar as it seeks information on tenants who were "operators" on that portion of the airport outside of the boundaries of the North Hollywood Operable Unit on the grounds that such information is irrelevant to the statutory purpose of gathering information for that Operable Unit. The BGPAA further objects to the term "operations" or "operating" with respect to those tenants who conducted business within that portion of Bob Hope Airport within the boundaries of the North Hollywood Operable Unit as vague. For purposes of CERCLA, a party is deemed to be an "operator" of a "facility" if and only if that party "had BGPAA to control the cause of contamination at the time the hazardous substances were released into the environment." Kaiser Aluminum & Chem. Corp. v. Catellus Dev. Corp., 976 F.2d 1338, 1342 (9th Cir. 1992), quoted in Southern California Water Co. v. Aerojet-General Corp., 2003

WESTLAW 25537163 at *3 (C.D. Ca. 2003). To the extent that EPA seeks information about the BGPAA's tenants who "operated" on a portion of the Airport within the meaning of CERCLA, then the response is that there is no such time that the BGPAA was aware that any tenant caused the "release" of any of the chemicals of concern within the North Hollywood Operable Unit as defined by EPA in its ROD and subsequent Five-Year review documents. See Response to Request No. 9 below. To the extent that EPA is seeking information about the BGPAA's tenants who conducted routine business on some portion of the Bob Hope Airport, the BGPAA responds that it does not keep historic records of tenants on the property owed by the BGPAA in any organized or searchable system. Some of the documents produced in response to Request No. 17 may reference the activity of one or more former tenants, including Lockheed Corporation, on a portion of the B-6 property commonly identified as the "service road" area, but such information is available to BGPAA only from such reports by its third-party environmental consultants. A copy of a current list of tenants or lessees who currently have business operations on property owed by the BGPAA is attached hereto as Exhibit "C."

REQUEST FOR INFORMATION NO. 7:

Provide the dates that the BGPAA has itself conducted operations at the Facility.

RESONSE TO REQUEST FOR INFORMATION NO. 7:

The BGPAA objects to this request as vague insofar as the term "conducted" or "conducted operations" purports to apply to that portion of the Airport located within the North Hollywood Operable Unit. For purposes of CERCLA, a party is deemed to be an "operator" of a "facility" if and only if that party "had BGPAA to control the cause of contamination at the time the hazardous substances were released into the environment." Kaiser Aluminum & Chem. Corp. v. Catellus Dev. Corp., 976 F.2d 1338, 1342 (9th Cir. 1992), quoted in Southern California

Water Co. v. Aerojet-General Corp., 2003 WESTLAW 25537163 at *3 (C.D. Ca. 2003). To the extent that EPA seeks information about property that the BGPAA did "conduct business operations" outside of any relationship to the meaning of the term "operator" as defined by CERCLA, then the request is irrelevant. Notwithstanding said objection, and without seeking to distinguish between the BGPAA's business operations in the North Hollywood Operable Unit and the rest of the airport property, the BGPAA responds that it conducted (and continues to conduct) normal business operations associated with its joint powers authority activities from 1978 to the present time.

REQUEST FOR INFORMATION NO. 8:

For any period of time in which the BGPAA operated, but did not own, the Facility, provide the name, address, and phone number of the Facility's owner. Provide a copy of each lease, rental agreement, or any other document that establishes the BGPAA's relationship to the real property owner during the BGPAA's occupancy of the Facility.

RESPONSE TO REQUEST FOR INFORMATION NO. 8:

The BGPAA objects to this request as vague insofar as the term "controlled". For purposes of CERCLA, a party is deemed to be an "operator" of a "facility" if and only that party "had BGPAA to control the cause of contamination at the time the hazardous substances were released into the environment." Kaiser Aluminum & Chem. Corp. v. Catellus Dev. Corp., 976 F.2d 1338, 1342 (9th Cir. 1992), quoted in Southern California Water Co. v. Aerojet-General Corp., 2003 WESTLAW 25537163 at *3 (C.D. Ca. 2003). To the extent that EPA seeks information about property located within the North Hollywood Operable Unit that the BGPAA did not "own" but "operated" within the meaning of CERCLA, then the response is that there is no such property.

REQUEST FOR INFORMATION NO 9:

Identify any individual or entity that owned or operated the Facility prior or subsequent to the BGPAA. For each prior or subsequent owner or operator, further identify:

- a. The dates of ownership/operation;
- b. The location of each prior or subsequent owner or operator on a map of the Facility;
- c. The nature of prior or subsequent operations at the Facility;
- d. All evidence showing that the prior or subsequent owner or operator controlled access to the property; and
- e. All evidence that a hazardous substance, pollutant, or contaminant was released or threatened to be released at the Facility during the period of prior or subsequent ownership or operation.

RESPONSE TO REQUEST FOR INFORMATION NO. 9:

The BGPAA objects to this request insofar as it seeks information about a time period before the BGPAA was incorporated, i.e., before 1977. The BGPAA further objects insofar as the request seeks information about subsequent "owners" of any portion of the Airport. The BGPAA has not sold or transferred any portion of the Bob Hope Airport property to anyone other than: (1) a parcel of approximately 2.5 acres deeded to the City of Burbank Redevelopment Agency which, upon information and belief, in turn sold the property to The Price Club in the 1982-1985 time frame; (2) a parcel of approximately 22-acres that constituted a part of the former Lockheed "B-6" property (the "Building 360" area) that was sold or transferred to Voit Development Company in July 2003 and subsequently developed by Voit Development as the "Burbank Airport Commerce Center." The BGPAA lacks sufficient information about the subsequent business operations of The Price Club or at the Burbank Airport Commerce Center to provide any further information with respect to its business activities on those two parcels. Without waiving said objections, the BGPAA indicates that on information and belief based upon

documents available to the BGPAA, the following records suggest that: The original airport was opened as "United Airport" on May 30, 1920 and from 1930 to 1940 the original airport was owned and operated by United Airports Company of California, Ltd. In 1940, Lockheed Aircraft purchased the original airport and changed the name to "Lockheed Field." Based upon information and belief, Lockheed Aircraft manufactured and tested a number of aircraft during 1940-1945 for the Army Air Corps, U.S. Navy, and possibly other branches of the then Department of War (now Department of Defense) for military applications during World War II. In 1977, the cities of Burbank, Glendale and Pasadena formed a Joint Powers Authority for the express purpose of acquiring what was then Lockheed Field and operating it as a commercial airport. In 1978, the BGPAA acquired the initial land from Lockheed and operated it as the Burbank-Glendale-Pasadena Airport. In 2003, the BGPAA renamed the airport as the Bob Hope Airport.

On information and belief, Lockheed Corporation (or any successor entity thereto) would have controlled access to the airport grounds by fencing, security guards, and other measures as required by either the Department of Defense contracts or simple corporate security implemented by Lockheed. The BGPAA does not have further information on the exact manner of such access control exercised by Lockheed or its successor entities.

On information and belief, Lockheed Corporation may have released hazardous substances, particularly solvents used as degreasing agents, in connection with its manufacturing operations. The BGPAA does not have details on the exact nature of such releases by Lockheed, but refers EPA to prior documentation supplied by Lockheed as to any such releases. BGPAA also refers to some of the documents provided in Response to Request

No. 17 below which may contain references to soil gas or soil sampling indicating that solvents were discovered at low levels in certain parcels formerly owned or occupied by Lockheed.

In addition to Lockheed Corporation, the BGPAA is aware of the former ownership (or at least names of operators) at several parcels believed to be within the geographic boundary of the North Hollywood Operable Unit that are now part of the Bob Hope Airport. Those parcels are: 10340 Keswick (formerly "Trapper's Lodge"); 7617 Arvilla Avenue (formerly Hazel-Martin); 7901 San Fernando Road (formerly "American Drug & Chemical Co."), and 7604 Wheatland Avenue (formerly operated as a dog kennel). The dates of the acquisition of each of these parcels by the BGPAA are provided in Exhibit "B" hereto. Additional information about environmental investigations of some of these "other owner" properties is contained in some of the documents provided in response to Request No. 17 below.

The BGPAA lacks information about the "release" of any of the "hazardous substances" identified by EPA in its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership of the airport since 1978. As noted in the Executive Summary to the Third Five-Year Review Report dated September 2003 (CH2M Hill, Inc.), trichloroethylene (TCE) and perchloroethylene (PCE) were the most prominent VOC compounds detected above MCLs in prior EPA studies of the North Hollywood Operable Unit. In addition, the Third Five-Year Review noted that total chromium, hexavalent chromium and perchlorate should continue to be monitored. (Executive Summary at 1-2). The BGPAA is unaware of the "release" of any TCE, PCE, total chromium, hexavalent chromium, or perchlorate from land it owns since it initially acquired ownership of the initial portion of land in 1978 (or any subsequently-acquired parcel).

REQUEST FOR INFORMATION NO. 10:

Provide a list of employees and contractors who had knowledge of the use of hazardous substances and disposal of wastes at the Facility, or at any portion of the Facility, during any or all of the period of time that the BGPAA operated at or was otherwise associated with the Facility. For each employee and contractor listed, provide the following information:

- a. Each employee's and contractor's full name;
- b. The location(s) and business name(s) of the portion(s) of the Facility for which the employees/contractors had such knowledge, shown on a map of the Facility;
- c. Each employee's and contractor's current or last known address and telephone number, including the last known date on which you believe each address and telephone number was current;
- d. The dates that each employee and contractor worked at the Facility;
- e. The position(s) held by the employee or services performed by the contractor; and;
- f. The correspondence dates during which the BGPAA believes that the employee or contractor would have had knowledge of the use and disposal of wastes.

RESPONSE TO REQUEST FOR INFORMATION NO. 10:

The BGPAA lacks information about the "release" of any of the "hazardous substances" identified by EPA as chemicals of concern its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of the airport property. To the extent that the Request seeks information about the disposal of "wastes" other than wastes containing any of the "hazardous substances" that constitute chemicals of concern in the North Hollywood Operable Unit, the BGPAA objects to the request as seeking immaterial and irrelevant information. The BGPAA further objects insofar as the request seeks information from BGPAA's "contractors." The BGPAA is a separate legal entity from its contractors, and can only respond to this information request on its own behalf, not on behalf of any current or former contractor.

Without waiving its objections, the BGPAA responds that the following individuals have information on the general handling of wastes at the Bob Hope Airport: Mr. Dan Feger, Mr. Mark Hardyment, Mr. Dan Petrovick, and Mr. Len Silvernale. The contact information, titles, and pertinent tenure for each of these individuals is shown in Exhibit "A" hereto.

REQUEST FOR INFORMATION NO. 11:

Describe the size of the Facility, the approximate number of people currently employed by the BGPAA or otherwise working at the Facility, and the services performed by the BGPAA and its contractors at the Facility. Describe any significant change in Facility size, the number of employees or other workers, and the services provided over time.

RESPONSE TO REQUEST FOR INFORMATION NO. 11:

The BGPAA objects insofar as the request seeks to define the Bob Hope Airport as a 'facility' as that term is defined by CERCLA. Without waiving said objection, the BGPAA responds that the current Bob Hope Airport is approximately 550 acres in size and includes the Airport with terminals, various airline facilities, various concessionaire operations, and tenants including those identified in Exhibit "C" hereto. The total number of individuals employed is believed to be approximately 2,400. The BGPAA provides those services necessary to operate and manage a commercial airport facility and comply with all state laws regulating a Joint Powers BGPAA. BGPAA notes that other than the property acquisitions listed in Exhibit "B" after the initial 1978 acquisition or the two property transfers previously described above in response to Request No. 9, there has been no significant change in the airport's geographic size, the approximate number of employees, or the basic nature of services provided at the Bob Hope Airport.

REQUEST FOR INFORMATION NO. 12:

If any substance containing chromium as a component ("chromium-related substances") was utilized in any of the BGPAA's, its contractors' or lessees' operations at the Facility, provide a complete description of those operations. Indicate the approximate volume of chromium or chromium-related substances used per month at the Facility, the dates that chromium or chromium-related substances were used, and the storage and disposal practices in effect during the BGPAA's, it contractors' or lessees' operations at the Facility for materials containing chromium. Include documentation evidencing the use of chromium or chromium-related substances. Indicate on a map of the Facility the location(s) where chromium-related substances were used.

RESPONSE TO REQUEST FOR INFORMATION NO. 12:

The BGPAA has conducted a review of documents and employee interviews with long-term employees who are listed in Exhibit "A" hereto. That review and the interviews did not disclose any use of chromium or hexavalent-chromium at the Bob Hope Airport. Based upon employee interviews, there has never been any plating operations at the Bob Hope Airport which might have utilized chromium. Therefore there is no information about the dates of chromium or hexavalent chromium use, the quantity of such compounds used at the Bob Hope Airport, or any time periods or geographic areas at which such compounds were used.

REQUEST FOR INFORMATION NO. 13:

If any substance containing TCE or PCE was utilized in any of the BGPAA's, its contractors' or lessees' operations at the Facility, provide a complete description of those operations. Indicate the approximate volume of TCE or PCE used per month at the Facility, the

dates that TCE or PCE were used, and the storage and disposal practices in effect during the BGPAA's, its contractors' or lessees' operations at the Facility for materials containing TCE or PCE. Include documentation evidencing the use of TCE or PCE. Indicate on a map of the Facility the location(s) where TCE and PCE were used.

RESPONSE TO REQUEST FOR INFORMATION NO. 13:

The BGPAA has conducted a review of documents and employee interviews with long-term employees who are listed in Exhibit "A" hereto. That review and the interviews did not disclose any use of TCE or PCE by the BGPAA. The BGPAA's interviews with long-term staff and maintenance personnel identified in Exhibit "A" hereto did not indicate any degreasing operation or parts washing process at the Bob Hope Airport since the initial acquisition by the BGPAA in 1978 of the principal portion of the Airport.

REQUEST FOR INFORMATION NO. 14:

Provide a scaled map of the Facility which includes the locations of significant buildings and features. Indicate the locations of any maintenance shops, machine shops, degreasers, liquid waste tanks, chemical storage tanks, and fuel tanks. Provide a physical description of the Facility and identify the following:

- a. Surface structures (e.g., buildings, tanks, containment and/or storage areas, etc.);
- b. Subsurface structures (e.g., underground tanks, sumps, pits, clarifiers, etc.);
- c. Groundwater and dry wells, including drilling logs, date(s) of construction or completion, details of construction, uses of the well(s), date(s) the well(s) was/were abandoned, depth to groundwater, depth of well(s) and depth to and of screened interval(s);
- d. Past and present stormwater drainage system and sanitary sewer system, including septic tank(s) and subsurface disposal field(s);
- e. Any and all additions, demolitions or changes of any kind to physical structures on, under or about the Facility or to the property itself (e.g., excavation work), and state the date(s) on which such changes occurred; and

f. The location of all waste storage or waste accumulation areas as well as waste disposal areas, including but not limited to dumps, leach fields, and burn pits.

RESPONSE TO REQUEST FOR INFORMATION NO. 14:

The BGPAA objects insofar as the request seeks to define the Bob Hope Airport as a 'facility" as that term is defined by CERCLA. Without waiving said objection, the BGPAA responds that maps depicting the current Bob Hope Airport with current surface and subsurface structures are attached hereto as Exhibit "D." The BGPAA is not aware of any significant additions to these structures, other some periodic maintenance and other revisions may have occurred over time. The BGPAA is not aware of any on-site waste storage units as defined by the Resource Conservation Recovery Act. The BGPAA is not aware of any on-site groundwater wells, although some wells may have been placed on portions of the property formerly owned by Lockheed Corporation or its successor entities. A summary of the former (or current) underground storage tanks located on the Airport as of 1988 is contained in the report prepared by A.L. Burke in May 1988 and attached as one of the documents provided in response to Request No. 17 below.

REQUEST FOR INFORMATION NO. 15:

Provide copies of hazardous material business plans and chemical inventory forms (originals and updates) submitted by the BGPAA to city, county, and state agencies regarding operations at the Facility.

RESPONSE TO REQUEST FOR INFORMATION NO. 15

The BGPAA objects to this request insofar as it seeks information about chemicals or compounds that are other than the limited chemicals of concern identified by EPA in its ROD or

subsequent Five-Year Review documents for the North Hollywood Operable Unit. Information on such non-COC compounds is irrelevant and immaterial.

Without waiving its objection, the BGPAA responds that it will provide copies of its filed Hazardous Material Business Plans for the years 2000-2007 in Exhibit "E" hereto.

REQUEST FOR INFORMATION NO. 16

Identify and provide the information below for all volatile organic compounds (most notably PCE; TCE; 1,1-DCE; MTBE;, 14-DCA, cis-1,2-DCE; and carbon tetrachloride); Title 22 metals including total and hexavalent chromium; 1,4-dioxane; N-nitrosodymethylamine (NDMA); perchlorate; dioxins and furans, which are or were used at, or transported to, the Facility:

- a. The trade or brand name, chemical composition, and quantity used for each chemical or hazardous substance and the Material Safety Data Sheet for each product;
- b. The location(s) where each chemical or hazardous substance is or was used, stored, and disposed of;
- c. The kinds of wastes (e.g., scrap metal, construction debris, motor oil, solvents, waste water), the quantities of wastes, and the methods of disposal for each chemical, waste, or hazardous substance;
- d. The quantity purchased (in gallons), the time period during which it was used, and the identity of all persons who used it; and
- e. The supplier(s), and provide copies of all contracts, service orders, shipping manifests, invoices, receipts, canceled checks, or any other documents pertaining to the supply of chemical or hazardous substances;

RESPONSE TO INFORMATION NO. 16:

The BGPAA has conducted a review of documents and employee interviews with longterm employees who are listed in Exhibit "A" hereto. That review and the interviews did not disclose any use of TCE, PCE, chromium, hexavalent chromium or perchlorate at the Bob Hope Airport subsequent to its acquisition by the BGPAA from Lockheed Corporation (or other parcel owners). The BGPAA objects to the rest of this request insofar as it seeks information on compounds other than those chemicals of concern identified by EPA in the North Hollywood Operable Unit and declines to answer with respect to such non-COC compounds.

REQUEST FOR INFORMATION NO. 17

Lockheed has previously provided to EPA numerous copies of groundwater monitoring, soil sampling and soil gas sampling reports that relate to its former operations at Plant C-1 and Plant B-5. However, certain monitoring or sampling data were either not available to Lockheed or otherwise not collected as part of EPA's document collection effort. This request seeks only those documents which have been prepared by, or on behalf of, the BGPAA, and not any documents that were prepared by, or on behalf of, Lockheed.

Provide copies of the following environmental data or technical or analytical information regarding soil and water conditions at or adjacent to the Facility, including, but not limited to, environmental data or technical or analytical information related to soil contamination, soil sampling, soil gas sampling, geology, water (ground and surface), hydrogeology, and groundwater sampling:

- a. With regard to the Plant C-1 property (refer to attached map), all soil and soil gas data obtained by or conducted at BGPAA's request since the BGPAA's purchase of this property in February 1998; and all groundwater monitoring data collected by or on behalf of BGPAA since December 2006.
- b. With regard to the Plant B-5 property (refer to attached map), all soil and soil gas data obtained by or conducted at BGPAA's request prior to 1998 and after 2000; all groundwater monitoring data collected since December 2006; and groundwater data for all available years from wells 3830K and 3840F.
- c. With regard to the remaining portions of the Facility, all available soil, soil gas and groundwater monitoring data obtained by or conducted at BGPAA's request since its purchase of these remaining portions of the Facility. Specifically, provide all

data from the following groundwater monitoring wells: 4939, 4939A, 4939B, 3830, 3830A, 3830E, 3830F, 3840 and 3840B.

RESPONSE TO INFORMATION NO. 17:

BGPAA objects to this request insofar as it seeks environmental data for sites that hydrogeologically downgradient from the principal identified contaminant sources in the North Hollywood Operable Unit as irrelevant and immaterial to an information request related to possible sources in that Operable Unit. BGPAA further objects insofar as Request No. 17 seeks information on potential contaminants other than those identified as chemicals of concern in EPA's initial ROD for the North Hollywood Operable Unit (TCE and PCE), or any additional chemicals of concern identified in EPA's subsequent Five-Year Review documents for that Operable Unit. BGPAA will confine its responses to those particular chemicals of concern previously identified by EPA in connection with the North Hollywood Operable Unit.

Without waiving its objections, BGPAA responds that:

(a) As to the former Lockheed C-1 property now owned by the Airport, BGPAA does not collect nor have collected on its behalf any groundwater monitoring data at any time for this property. Thus, BGPAA has no groundwater data with which to respond to this request. As to soil and soil gas surveying done at the request of BGPAA at or beneath the former Lockheed C-1 property that might involve identified chemicals of concern, it identifies the following documents contained in a separate CD-ROM attached to these responses: D7 (May 1988 A.L. Burke report on Underground Storage Tanks throughout Airport property, including C-1 parcel); D9 (January 1992 A.L. Burke Report on Investigation of New Service Road Area, formerly part of C-1 parcel); D10

- and D11 (November 1991 Target Reports on Soil Gas Investigation as part of A.L. Burke investigation of New Service Road Area).
- (b) As to the former Lockheed B-6 property, including the 22-acre parcel that the Airport sold to Voit Development Co. in 2003, BGPAA does not collect nor have collected on its behalf any groundwater monitoring data at any time for this property. Thus, BGPAA has no groundwater data with which to respond to this request. As to soil and soil gas surveying done at the request of BGPAA at or beneath the former Lockheed B-6 property that may involve identified chemicals of concern, it identifies the following documents contained in a separate CD-ROM attached to these responses: D3 (October 2001 ENSR Report on soil gas investigation, former Building 360 portion of B6 parcel); D5 (October 2001 ENSR letter requesting closure of Building 360 area); D6 (February 2002 RWOCB letter to BGPAA confirming closure for Building 360 area); and D12 (April 2002 ENSR Report on Environmental Conditions at former Building 360 complex). BGPAA notes that the Building 360 area is believed to be a 22-acre parcel that was subsequently sold to Voit Development Company in July 2003 and it has no data for that property since the time of the sale to Voit Development Co.
- (c) As to "remaining portions of the [Airport] facility", BGPAA does not collect nor have collected on its behalf any groundwater monitoring data at any time for this property. Thus, BGPAA has no groundwater data with which to respond to this request. As to soil and soil gas surveying done at the request of BGPAA at or beneath the "remaining portions of the [Airport] facility, that

may involve identified chemicals of concern, BGPAA identifies the following documents contained in a separate CD-ROM attached to these responses:

D1 (August 1993 Fugro/McLelland-West report on 4750 Wheatland Avenue ("former maintenance yard" area)); D2 (May 1994 Fugro-West Phase II report on 7604 Wheatland Avenue); D4 (January 1996 Fugro-West Supplemental Soil Vapor Survey—Six Sites including three located within boundaries of North Hollywood Operable Unit—"Old Trapper's Property"; "American Drug & Chemical"; and "Former Paint Shop".); D7 (May 1988 A.L. Burke Closure of Underground Storage Tanks located throughout Airport property); and D8 (A.L. Burke Environmental Evaluation of "Old Trapper's Property").

A summary list of the referenced documents is attached as Exhibit "F" hereto, and copies of the cited documents, BGPAA 0001-1039 are provided in a CD-ROM enclosed herewith.

REQUEST FOR INFORMATION NO. 18:

To the extent not provided in response to the requests above, identify and provide the following information for all groundwater wells that are located at the Facility.

- a. A map with the specific locations of the Facility groundwater wells;
- b. Date the Facility groundwater wells were last sampled; and
- c. List of all constituents which were analyzed during groundwater sampling events.

RESPONSE TO INFORMATION NO. 18:

The BGPAA has never been responsible for any groundwater monitoring wells located on the physical premises of the Bob Hope Airport. The BGPAA has not conducted any independent groundwater monitoring work on the Bob Hope Airport.

REQUEST FOR INFORMATION NO. 19:

For each waste stream generated at the Facility which contains any of the following chemicals: PCE, TCE, 1,1-DCE, MTBE, 14-DCA, cis-1,2-DCE, carbon tetrachloride, Title 22 metals including total and hexavalent chromium, 1,4-dioxane, N-nitrosodymethylamine (NDMA), perchlorate, dioxins and furans (hereinafter defined as "Waste Stream" or "Waste"), describe the procedures for (a) collection, (b) storage, (c) treatment, (d) transport, and (e) disposal of the Waste Stream.

RESPONSE TO INFORMATION NO. 19:

The BGPAA objects to this Request insofar as it seeks information about compounds other than the specific "hazardous substances" identified by EPA in its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of the airport property. Without waiving said objection, the BGPAA responds that its review of documents and employee interviews with those employees listed in Exhibit A hereto did not disclose any waste stream contain PCE, TEC, perchlorate, total or hexavalent chromium. Therefore, there is no information with respect to "procedures" for the collection, storage, treatment, transport, or disposal of any "waste stream" containing such compounds.

REQUEST FOR INFORMATION NO. 20

Please provide a detailed description of all pre-treatment procedures performed by the BGPAA or its contractors on Waste Streams (as defined above) at the Facility prior to transport to a disposal site.

RESPONSE TO INFORMATION NO. 20:

The BGPAA objects to this Request insofar as it seeks information about compounds other than the specific "hazardous substances" identified by EPA in its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of the airport property. Without waiving said objection, the BGPAA responds that since it had no waste stream containing any of the specified Chemicals of Concern in the North Hollywood Operable Unit it therefore also has no "pre-treatment procedure" for any such waste stream.

REQUEST FOR INFORMATION NO. 21:

Please describe the method used by the BGPAA or its contractors to remove such Waste Streams (as defined above) from sumps at the Facility.

RESPONSE TO INFORMATION NO. 21:

The BGPAA objects to this Request insofar as it seeks information about compounds other than the specific "hazardous substances" identified by EPA in its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of the airport property. Without waiving said objection, the BGPAA responds that since it had no waste stream containing any of the specified Chemicals of Concern in the North Hollywood Operable Unit, it therefore has no information about any "method" employed at the Bob Hope Airport that were used to remove such "waste streams" from any sump or clarifier.

REQUEST FOR INFORMATION NO. 22:

Please identify all Wastes (as defined above) that are stored at the Facility prior to shipment for disposal. Describe the storage procedures for each Waste that is or was stored prior to disposal.

RESPONSE TO INFORMATION NO. 22:

The BGPAA objects to this Request insofar as it seeks information about compounds other than the specific "hazardous substances" identified by EPA in its ROD or subsequent Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of the airport property. Without waiving said objection, the BGPAA responds that since it had no waste stream containing any of the specified Chemicals of Concern in the North Hollywood Operable Unit, it therefore has no information about any "storage procedures" for any such waste at the Bob Hope Airport.

REQUEST FOR INFORMATION NO. 23:

Please identify all leaks, spills, or other releases into the environment at or from the Facility of hazardous substances, pollutants or contaminants containing any of the following chemicals: PCE, TCE, 1,1-DCE, MTBE, 14-DCA, cis-1,2-DCE, carbon tetrachloride, Title 22 metals including total and hexavalent chromium, 1,4-dioxane, N-nitrosodymethylamine (NDMA), perchlorate, dioxins and furans. In addition, identify and provide supporting documentation of:

- a. The date each release occurred;
- b. The cause of each release;
- c. The amount of each hazardous substance, waste, or pollutant or contaminant released during each release;
- d. Where each release occurred and what areas were impacted by the release; and
- e. Any and all activities undertaken in response to each release, including the notification of any local, state, or federal government agencies about the release.

RESPONSE TO INFORMATION NO. 23:

The BGPAA objects to this Request insofar as it seeks information about compounds

other than the specific "hazardous substances" identified by EPA in its ROD or subsequent

Five-Year Reviews for the North Hollywood Operable Unit during its ownership since 1978 of

the airport property. Without waiving said objection, the BGPAA responds that based upon a

review of documents and interviews with BGPAA long-term employees as identified in Exhibit A

hereto, is has no evidence of any spill(s) at the Airport of any of the "hazardous substances"

identified as chemicals of concern by EPA in the North Hollywood Operable Unit.

REQUEST FOR INFORMATION NO. 24:

Provide copies of any correspondence between the BGPAA and local, state, or federal

authorities concerning the use, handling, or disposal of hazardous substances containing any of

the chemical identified in request 23 above at the Facility, including but not limited to any

correspondence concerning any of the releases identified in response to the previous request.

RESPONSE TO REQUEST FOR INFORMATION NO. 24:

The BGPAA responds: None.

23

EXHIBIT "A"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 1

Last Name	First Name	Address	Phone	Position	Tenure	
Feger	Dan	2627 Hollywood Way, Burbank, CA 91505			32 yrs	
Hardyment	Mark	2627 Hollywood Way, Burbank, CA 91505	818-840-8840	Director Noise and Environmental Programs	32 yrs	
Silvernale	Len	2627 Hollywood Way, Burbank, CA 91505	Former Director, Operations and Maintenance	28 yrs		
Petrovick	Dan	7901 San Fernando Rd., Sun Valley, CA 91352	818-729-2243	Manager, Airport Maintenance	3 yrs	
Gomez	Rich	7901 San Fernando Rd., Sun Valley, CA 91352	818-729-2243	BGPAA Maintenance	20 yrs	
Alanzo	Ruben	7901 San Fernando Rd., Sun Valley, CA 91352	818-729-2243	BGPAA Maintenance	31 yrs	
Johnston	Robert	7901 San Fernando Rd., Sun Valley, CA 91352	818-729-2243	BGPAA Maintenance	28 yrs	

EXHIBIT "B"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 4

	Ai			
Parcel	APN	Street Address	City	Date Acquired
1	2466-011-902	No Address Available	Burbank	6/29/1978
	2466-011.2-902			
	2466-019-902	No Address Available		6/29/1978
	2466-029-901	No Address Available		6/29/1978
	2466-034-901	No Address Available		6/29/1978
II	2319-003-901	No Address Available		6/29/1978
III	2466-009-902	2712 N Hollywood Way		9/6/1983
	2466-009-906	No Address Available		12/11/1986
IV	2466-010-901	No Address Available		10/19/1998
	2466-010-903	No Address Available		10/19/1998
V	2466-027-900	3129 N Kenwood St		12/27/1995
	2466-027-901	3121 N kenwood St		12/27/1995
w	2466-027-902	3910 Cohassett St		12/27/1995
	2466-027-904	3111 N Kenwood St		12/27/1995
	2466-011-907	2801 N Hollywood Way	Burbank	12/27/1995
	2466-028-900			
	2466-035-900	10201 Cohassett St		12/27/1995
VI	2466-031-901	7901 San Fernando Rd	Los Angeles	1/28/1983
VII	2466-019-904	10756 Sherman Way	Burbank	4/4/1994
VIII	2466-011-906	No Address Available		3/16/1989
IX	2466-029-903	No Address Available		4/7/1994
Х	2466-029-902	7604 Wheatland Ave	Los Angeles	6/28/1994
ΧI	2466-033-900	10340 Keswick St	Los Angeles	9/2/1988
	2466-033-915	7617 Arvilla Ave	Los Angeles	12/4/1987
XII	2466-010-910			
XIII	2404-005-005	No Address Available		3/15/1995
XIV	2544-011-901	No Address Available		12/3/1980
XV	2466-010-904	2650 N Hollywood Way	Burbank	4/14/2003
XVI	2466-009-908	2700 N Hollywood Way	Burbank	7/1/2002
XVII	2466-011-904	No Address Available		12/2/1982
XVIII	2466-011-912	No Address Available		6/17/2005
XIX	No info provided			
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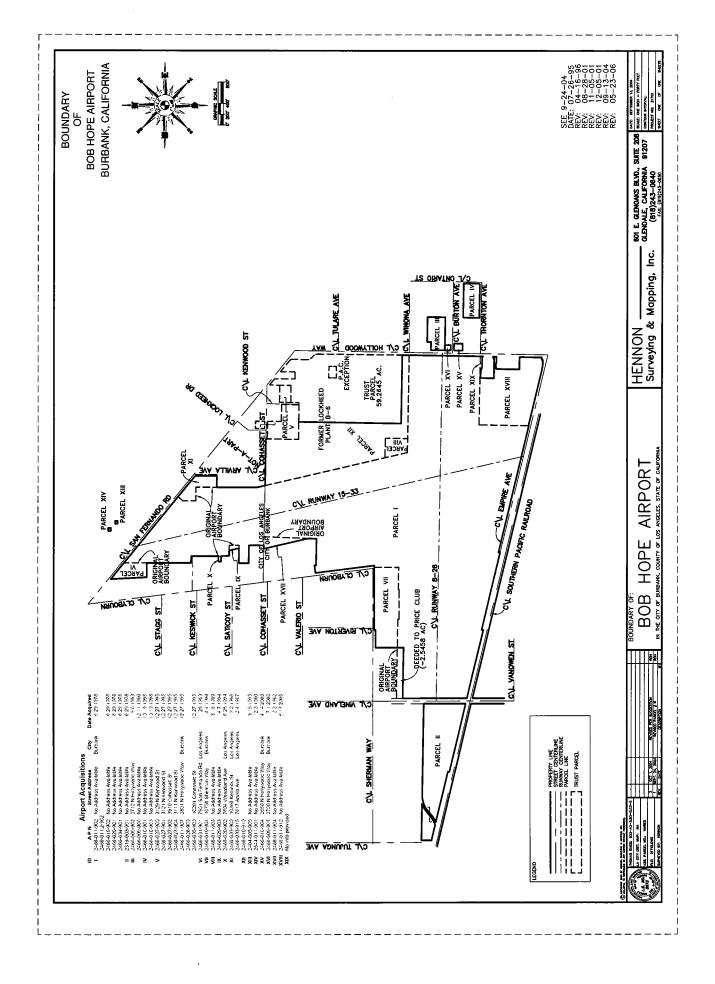


EXHIBIT "C"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 6

Car Rental - On Airport

Alamo Rent-A-Car / Vanguard Car Rental 800-327-9633 2627 Hollywood Way Burbank CA

Phone: 818-953-2234 x 222 Fax: 818-842-8542

Avis Rent-A-Car / Avis Budget Group, Inc. 800-331-1212

4209 Vanowen Place Burbank CA

Phone: 818-566-3006 Fax: 818-566-3012

Hertz Rent-A-Car / The Hertz Corporation 800-654-3131

4521 Empire Avenue Burbank CA 91505 Phone: 818-847-8010 Fax: 866-256-4685

National Car Rental System / Vanguard Car Rental U 800-227-7368

2627 Hollywood Way Burbank CA 91505

Alt Phone: 818-953-2234

Contractors

TBI Airport Management, Inc. 2627 Hollywood Way Burbank CA 91505 3200 Red Cleveland Blvd. Sanford FL 32773

Phone: 407-585-4529 Fax:

United Auto & Truck 13101 Foothill Blvd. Sylmar CA

Phone: 818-838-1111x 114 Fax: 818-838-0204

Tenants

Aircraft Services Int'l Group (ASIG) 7617 Arvilla Ave. Sun Valley CA 91352 Phone: 818-504-4387 Fax: 818-504-4144

Avjet Corporation

4301 Empire Avenue Burbank CA 91505 4301 Empire Avenue Burbank CA 91505 Phone: 818-841-6190 Fax: 818-841-6209 Chartwell Aviation Services 3050 N. Clybourn - Hangar 22 Burbank CA 91505

Phone: 818-557-0500 Fax: 818-557-6516

Conceptual Perceptions, Inc.

1326 N. Maryland Avenue Glendale CA 91207

Phone: 818-845-0033 Fax: 818-845-4046

DreamWorks Aviation

3020 N. Clybourn Avenue Burbank CA 91505

Phone: 818-733-7221 Fax: 818-733-7222

Earth Star, Inc./The Walt Disney Company 3000 N. Clybourn Avenue Burbank CA 91505

Phone: 818-842-4633 Fax: 818-842-6591

Federal Express, Inc.

4511 Empire, Hangars 4 & 5 Burbank CA 91505

Phone: 818-840-6718 Fax: 818-840-0674

GTC Management Services / Time Warner, Inc. 2900 N. Clybourn Avenue Burbank CA 91505

Phone: 818-954-6543 Fax: 818-841-8453

J.G. Boswell Company

4561 Empire Ave., Hangar 2 Burbank CA 91505

Phone: 818-843-3033 Fax: 818-842-2751

Mercury Air Center

10750 Sherman Way Burbank CA

Phone: 818-841-2966 Fax: 818-841-6716

Million Air - Burbank

2800 Clybourn Avenue Burbank CA

Phone: 818-843-8311 Fax: 818-843-0140

Servisair & Shell Fuel Services

7617 Arvilla Sun Valley CA 91357

Phone: 818-504-9382 Fax: 818-504-9502

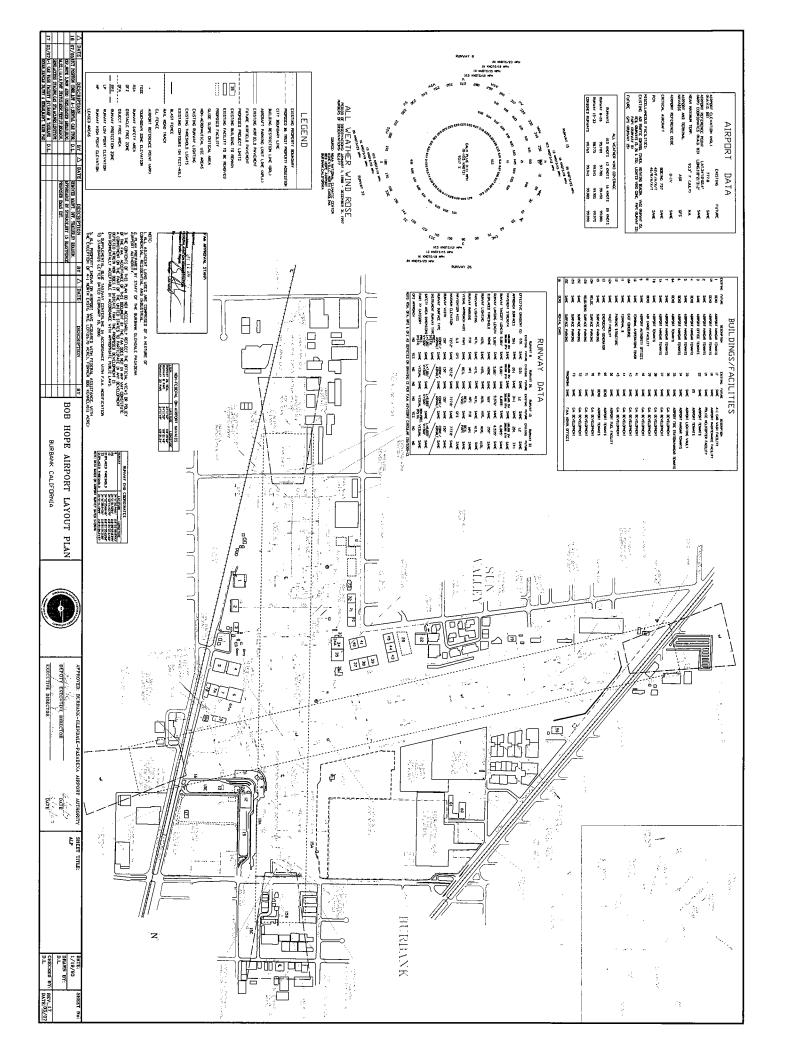
United Parcel Service (UPS)

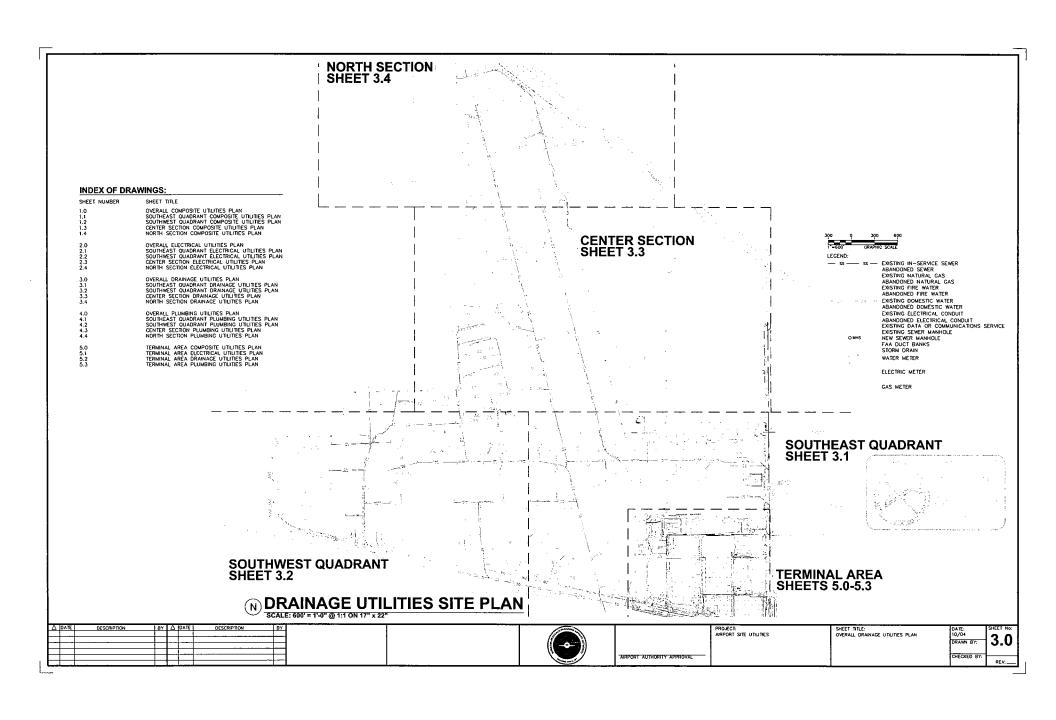
4531 Empire Ave. Hangar 3 Burbank CA 91505

Phone: 818-557-2263 Fax: 818-557-8307

EXHIBIT "D"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 14





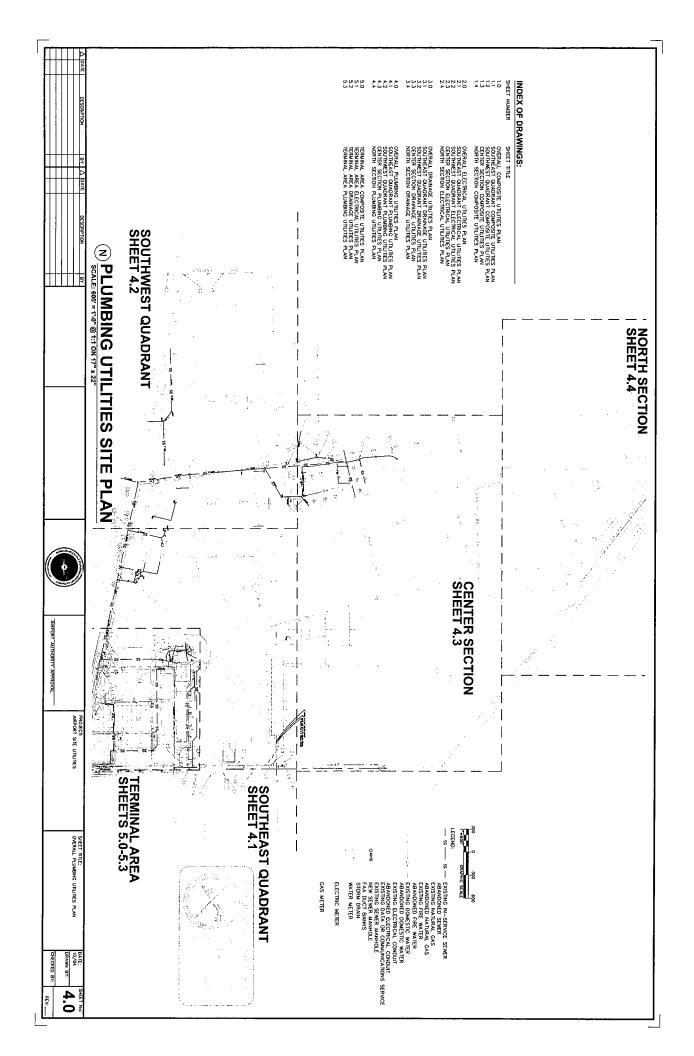


EXHIBIT "E"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 14

M. M.

UNIFIED PROGRAM (UP) FORM BUSINESS OWNER/OPERATOR IDENTIFICATION

BUSINESS OWNER/OPERATOR IDENTIFICATION																	
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Burbank-Glendale-Pasadena Airport 818-840-8840																	
BUSINESS SITE ADDRESS 2627 Hollywood Way																	
CITY Burbank 104 CA ZIP CODE 91505												105					
DUN & BRADSTREET										108 SIC CODE (4 digit #) 4581						. 107	
COUNTY LOS ANGELES BUSINESS OPERATOR NAME											108	T WILLIAM TO THE TOTAL TO					
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II. BUSINESS OWNER																	
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Burbank-Glen	dale RESS	-Pasac	<u>lena</u>	Ai	rport	t Au	thor	ity				818	-840-8	840		113	
2627 Hollywo										•				•			
CITY Burbank											116						
III. ENVIRONMENTAL CONTACT																	
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Victor Globa CONTACT MAILING AD	DRES	9										Same as above					
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NAME Jon M. Chall	aron								123	NAME Mark	Hario	lvmen	+			128	
TITLE	gren				·				124								
Mgr. Airport						·	·		Director Operations and Maint.								
24-HOUR PHONE	BUSINESS PHONE 818-504-0777								125	818-840-8840							
PAGER#	81.	8-840-	-883	80		•			127	PAGER		45	818-84	0-883	0	132	
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NUMBER OF EMPLOYEES 133b FEDERAL TAX IDENTIFICATION NUMBER 95-3337732 133c											133c						
MAILING/ BILLING INFORMATION																	
ADDRESS 2627 Hol	Lywo	od_Way	/				133d	CIT	IY BL	rbank		133e	STATE	A 1331	ZIP CODI	9150 ¹ 5 ³⁹	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.																	
SIGNATURE OF OWNES/OFERATOR OR DESIGNATED REPRESENTATIVE OATE 134 NAME OF DOCUMENT PREPARER 135																	
NAME OF SIGNER (pnn) 138 TITLE OF SIGNER 137																	
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INSPECTOR	DIST	RICT			DATE	OF IN	SP.		DIVIS	SION	•	BAT	TALION		STATION		

Business Owner/Operator Identification (formerly OES Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 100. BEGINNING DATE Enter the beginning year and date of the report. (YYYYMMDD, ex. 1999/07/01)
- 101. ENDING DATE Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
- 102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
- 103. BUSINESS SITE ADDRESS. Enter the street address where the facility is located. No post office box numbers are allowed.
- 104. CITY Enter the city or unincorporated area in which the business site is located.
- 105. ZIP CODE Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
- 106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
- 107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
- 108. COUNTY Enter the county in which the business site is located.
- 109. BUSINESS OPERATOR NAME. Enter the name of the business operator.
- 110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
- 111. OWNER NAME Enter name of the business owner, if different from the business operator.
- 112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
- 113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
- 114. OWNER CITY Enter the name of the city for the owner's mailing address.
- 115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
- 116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
- 117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
- 118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
- 119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
- 120. CITY Enter the name of the city for the environmental contact's mailing address.
- 121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
- 122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
- 123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 124. TITLE Enter the title of the primary emergency contact.
- 125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
- 126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
- 128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 129. TITLE Enter the title of the secondary emergency contact.
- 130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
- 131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
- 133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. NUMBER OF EMPLOYEES Enter the number of employees working at your facility.
- 133c. TAX IDENTIFICATION NUMBER (TIN) Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
- 133e. MAILING/BILLING CITY Enter the city for the mailing/billing address.
- 133f. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.
- 134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
- 135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
- 136. NAME OF SIGNER Enter the full printed name of the person signing the page.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE. The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
- 137. TITLE OF SIGNER Enter the title of the person signing the page.

UNIFIED PROGRAM (UP) FORM **BUSINESS ACTIVITIES** Page 1 of I. FACILITY IDENTIFICATION FACILITY ID # EPA ID # (Hazardous Waste Only) CAD 980695647 BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) Burbank-Glendale-Pasadena Airport II. ACTIVITIES DECLARATION NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page. Does your facility... If Yes, please complete these pages of the UPCF.... A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for ✓ HAZARDOUS MATERIALS liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include INVENTORY - CHEMICAL DESCRIPTION liquids in ASTs and USTs); or the applicable Federal threshold quantity for an XXYES INO 4 ✓ CONSOLIDATED CONTINGENCY extremely hazardous substance specified in 40 CFR Part 355, Appendix A or PLAN (Section I and Site Map(s)) B; or handle radiological materials in quantities for which an emergency plan is ✓ TRAINING PLAN required pursuant to 10 CFR Parts 30, 40 or 70? B. UNDERGROUND STORAGE TANKS (USTs) JUST FACILITY Own or operate underground storage tanks? ✓UST TANK (one page per tank) YES NO 5 Intend to upgrade existing or install new USTs? **✓** UST FACILITY TYES XX NO 6 ✓UST TANK (one per tank) ✓UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) Need to report closing a UST? ✓ UST TANK (closure portion -one page per tank) ☐ YES XX NO 7 C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: -any tank capacity is greater than 660 gallons, or NO FORM REQUIRED TO CUPAS ☐YES ØNO 8 -the total capacity for the facility is greater than 1,320 gallons? D. HAZARDOUS WASTE Generate hazardous waste? ✓ EPA ID NUMBER - provide at the top of this page: XYES INO 9 ✓ As a generator, answer YES to Item E2b. and complete Waste Generator Form. 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? ✓ RECYCLABLE MATERIALS REPORT TYES XX NO 10 3. Treat hazardous waste on site? ✓ ONSITE HAZARDOUS WASTE ☐ YES 🖾 NO 11 TREATMENT - FACILITY ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) CERTIFICATION OF FINANCIAL 4. Treatment subject to financial assurance requirements (for ☐ YES ☑ NO 12 Permit by Rule and Conditional Authorization)? ASSURANCE 5. Consolidate hazardous waste generated at a remote site? ✓ REMOTE WASTE / CONSOLIDATION ☐ YES Ø NO 13 SITE ANNUAL NOTIFICATION 6. ✓ HAZARDOUS WASTE TANK CLOSURE Need to report the closure/removal of a tank that was classified as ☐YES KIXNO 14 hazardous waste and cleaned onsite? CERTIFICATION E. LOCAL REQUIREMENTS 1. REGULATED SUBSTANCES Have Regulated Substances (RS) including Extremely Hazardous Substances In addition to Hazardous Materials (EHS) stored on site at greater than the threshold planning quantities YES XX NO requirements, complete: established by the California Accidental Release Program (Cal ARP)? ✓ Regulated Substance Registration ✓ Risk Management Plan (when required) 2. OTHER REQUIREMENTS Have hazardous materials stored on site at or above a threshold amount ✓ Consult local CUPA or PA for added 15b established by a CUPA's or PA's local ordinance? reporting requirements. 15c Required by a CUPA or PA to provide other information? ✓ Waste Generator Form (LA County) **∏**YES VV NO OFFICIAL USE ONLY PΑ CUPA UP Form HW НМ ARP AST UST

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory - Chemical Description pages (OES Form 2731) for all submissions. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and identifies your facility.
 2. EPA ID NUMBER If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
- 3. BUSINESS NAME Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA Doing Business As".
- 4. HAZARDOUS MATERIALS ONSITE Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:

 It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure).
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A.
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have hazardous materials onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan (i.e. Consolidated Contingency Plan) and Training Plan. Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.

- 5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
- UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

 6. UPGRADE/INSTALL UST Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST installation Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
- 7. UST CLOSURE Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank.

 8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) Check the appropriate box to indicate whether there are APSTs onsite which exceed the regulatory thresholds. (There is no UPCF page for APSTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all APSTs. An aboveground petroleum storage tank (APST) facility with one or more of the following (see HSC §25270.2 (k)) is not subject to this act and is exempt:
 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC.
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas,
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
- 9. HAZARDOUS WASTE GENERATOR. Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
- 10. RECYCLE Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler; you do not need to report.
- 11. ONSITE HAZARDOUS WASTE TREATMENT Check the appropriate box to indicate whether your facility treats hazardous waste onsite.
- "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification Unit pages for each unit.
- Waste Treatment Notification Facility page and one set of Onsite Hazardous Waste Treatment Notification Unit pages for each unit.

 12. FINANCIAL ASSURANCE Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
- 13. REMOTE WASTE CONSOLIDATION SITE Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §2510.10. If your facility consolidates
- hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.

 14. HAZARDOUS WASTE TANK CLOSURE Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank.
- if the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.

 15a. LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS) Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.
- 15b. LOCAL HAZARDOUS MATERIALS THRESHOLD Check the appropriate box to indicate if you are subject to reporting hazardous materials at a level established by your local CUPA or PA. Check with your local CUPA or PA for details.
- 15c. LOCAL REQUIRED INFORMATION: HAZARDOUS WASTE Check the "yes" box if your facility answered yes to item number 9 and generates hazardous waste. If you checked the "yes" box, complete the Hazardous Waste Generator Form (LA County).

COVER PAGE

FACILITY	IDENTIFICATI	ON	<u> </u>	19 29
BUSINESS NAME Burbank-Glendale-Pasadena Airport	· · · · · · · · · · · · · · · · · · ·		3	FACILITY ID#1
SITE ADDRESS 2627 Hollywood Way	103	CITY Burbank	104	ZIP CODE 105 91505

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

PLAN CER	TIFICATION
I certify under penalty of law that I have personally examined and to the best of my knowledge the information is accurate,	d and I am familiar with the information provided by this plan complete, and true.
Printed Name of Owner/ Operator	Title of Owner/Operator
Signature of Owner/ Operator	Date

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ON	LY	DATE RECE	IVED	F	REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended; if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

			l.	FACIL	ITY IDE	NTIFICA	TION			
BUSINESS NAI	ME						···	3	F	ACILITY ID#1
Burbank	-Glendale-Pas	aden	a Airport							· · · · · · · · · · · · · · · · · · ·
SITE ADDRESS					•	103 CIT		104	Z	IP CODE 105
2627 Ho	llywood Way						<u>bank</u>		Ц	91505
			111	EMERG	SENCY	CONTA		·		
11111	PRIMAR	<u>Y</u>					SE	CONDARY		
	M. Challgren		·	123	NAME	Mark	Hardyn	ment		128
	Airport Main	it.		124	TITLE	Directo	r Oper	rations & M	aint	129
) 504-0777			125	BUSINE	SS PHON (818) 84	NE 0-8840)	_	130
24-HOUR PHON (818	NE 840-8830			126	24-HOL	JR PHONE (818) 84	n-8830	<u> </u>	- -	131
PAGER#				127	PAGER					132
	III. EN	IERO	SENCY RE	SPON	SE PLA	NS AND	PRO	CEDURES		:
Α.	Notifications									
	required by State	e Law	to provide a	n immedi	ate verba	al report of	any rel	ease or threate	ned	release of a
hazardous mate	rial to local fire en	nerge	ncy response	personr	nel, this L	Inified Pro	gram Ag	gency (CUPA o	r PA), and the
Office of Emerge	ency Services. If	you h					zardou	s materials, im	medi	iately call:
•			FIRE/PAF		S/POLICE NE: 911	SHERIFF				
AFTER the local	emergency resp	ODSE I	nersonnel ar			II then not	fy this i	Inified Program	η Δα	ency and the
Office of Emerge		onoc į	porogramor are	Houned	, you snu	u anosi line	ily and t	Jimod i rogram	ıı Ay	chey and the
Local Unified Pr			()	_						
State Office of E	mergency Service	e:	(800) 852-7	550 or (9	916) 262-	1621		•		
National Respon	se Center:		(800) 424-8	802						
	Information to be	provid	ded during No	otification	1:					•
	Your Nan	ne and	d the Telepho	one Num	ber from	where you	are cal	lling.		
			of the release							
			ise, and type					ill etc.)		
		•	antity of the	-	to the ex	tent know	n.			
•			on of the faci	lity.						
		-	es, if any.							
				realth an	d/ or the	environme	nt outsi	de of the facilit	у.	
	ency Medical									,
List the	ocal emergency r by a release or th	nedic	al facility that	will be L	ised by y	our busine	ss in th	e event of an a	ccid	ent or injury
HOSPITAL/CLIN		calei	ica release C	i ilazaiu	ous male		PHO	NE NO:		
	Joseph's		•				818 -	953-44	<u> </u>	٠.
ADDRESS:	- 						OILO	7:00-44	1 1111	.
· Holl	ywood Way & P	acif	ic							
CITY:					,		ZIP (CODE:		
Burb	ank		·				91	506		
										
OFFICIAL USE ON	-Y		DATE RECEI	VED			REVI	EWED BY		
DIV		QTA.		OTHER		DISTRICT		CUBA		04

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPON	ISE TEAM? XXXYes □ No
If yes, provide an attachment that describes what policies and procedur	res your business will follow to notify your
on-site emergency response team in the event of a release or threatene	d release of hazardous materials.
CLEANUP/DISPOSAL CONTRACTOR	
List the contractor that will provide cleanup services in the event of a rele	ease.
NAME OF CONTRACTOR:	PHONE NO:
Martin Environmental	661 287-3737
ADDRESS:	
P.O. Box 1128	
CITY:	ZIP CODE:
Santa Clarita, CA	
D. Arrangements With Emergency Responders	
If you have made special (i.e. contractual) arrangements with any police departs or State or local emergency response team to coordinate emergency services, below:	nent, fire department, hospital, contractor, describe those arrangements on the lines
	:
	•
E. Evacuation Plan	
1. The following alarm signal(s) will be used to begin evacuation of the facility (c	спеск ан wnich apply).
☐ Verbal ☐ Telephone <i>(including cellular)</i> ☐ Alarm System ☐ Public Addre	ess System 🖂 Intercom
☐ Pagers ☐ Portable Radio ☐ Other (specify):	Julius Commence of the Commenc
Cutof (opcomy).	
2. Evacuation map is prominently displayed throughout the facility.	
3. Individual(s) responsible for coordinating evacuation including spreading the	ne alarm and confirming the business has
been evacuated: First Responder	•
·	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immedi	ate inspection or isolation because of the
vulnerability to earthquake related ground motion.	
Hazardous Waste/ Hazardous Materials Storage Areas Produc	ction Floor Process Lines
Bench/ Lab Waste Treatment Other:	•
Identify mechanical systems where releases could occur or would require imme-	diate inspection or isolation because of
the vulnerability to earthquake related ground motion.	·
☑ Utilities ☐ Sprinkler Systems ☐ Cabine	ets Shelves
1	ylinders XXX Tanks
Process Piping Shutoff Valves Other:	
	Anado

UPF LAC4: 03 FI CP

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1. PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
DIESEL FUEL IS STORED UNDERGROUND AND FED THROUGH PIPING TO FEED AN
EMERGENCY GENERATOR. OUR EMPLOYEES DO NOT HAVE THE DUTIES OF HANDLING THE FUEL.
2. MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
THERE IS A MONITORING (APPROVED BY CITY OF BURBANK) DEVICE IN PLACE FOR THIS
TANK.
3. ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
WE HAVE A CONTRACT WITH A LICENSED WASTE HAULER.

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement

, <u> </u>	be listed. Completion of the following Eme EMERGENCY EQUIPME		Y TABLE
1.	2.	3.	4.
Equipment	Equipment		
Category	Type	Location *	Description**
Personal	☐ Cartridge Respirators		
Protective, ,	☐Chemical Monitoring Equipment (describe)		
Equipment,	☐ Chemical Protective Aprons/Coats		
Safety	☐ Chemical Protective Boots		
Equipment,	☐Chemical Protective Gloves		
and	☐ Chemical Protective Suits (describe)		
First Aid	☐Face Shields		
Equipment	☐ First Aid Kits/Stations (describe)		
•	☐ Hard Hats		
•	XXPlumbed Eye Wash Stations	Outside	Mounted on Wall
i	☐ Portable Eye Wash Kits (i.e. bottle type)	10000100	
	☐ Respirator Cartridges (describe)		
	☐ Safety Glasses/Splash Goggles		
	☐ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
•	☐ Other (describe)		
Fire	Automatic Fire Sptinkler Systems		. 6
Extinguishing	√√ Fire Alarm Boxes/Stations	<u> </u>	
Systems	Fire Extinguisher Systems (describe)	<u> </u>	
• ,	Other (describe)		
Spill	XX Absorbents (describe)	At Mainter	ance Yard
Control	☐ Berms/Dikes (describe)	7.0 130111001	ance rara
Equipment	☐ Decontamination Equipment (describe)	 	
and	☐ Emergency Tanks (describe)		
Decontamination	☐ Exhaust Hoods		
Equipment	☐ Gas Cylinders Leak Repair Kits (describe)		
	☐ Neutralizers (describe)	 	
•	Overpack Drums		
•	Sumps (describe)		
•	Other (describe)		, , , , , , , , , , , , , , , , , , ,
Communications	☐ Chemical Alarms (describe)		
and	☐ Intercoms/ PA Systems		
Alarm	☐ Portable Radios	 	
Systems	☐ Telephones		
-	XIXI Underground Tank Leak Detection Monitors	Inside	Veeder Root TLS-3000
	Other (describe)	2110140	1000 100-0000
Additional		+	
Equipment			
(Use Additional			
Pages if		 	
Needed.)		 	
			<u></u>

Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

*	Familiarity with all plans and procedures specified in the Contingency Plan.
*	Methods for Safe Handling of Hazardous Materials.
*	Safety procedures in the event of a release or threatened release of a hazardous material.
*	Use of Emergency Response equipment and supplies under the control of the business.
*	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- Initially for all new employees.
- Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- Internal alarm/notification procedures.
- Evacuation/re-entry procedures and assembly point locations.
- Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLO	/EE TRAINING
*	Facility personnel will successfully complete training within six months after the date of their employment
	or assignment to a facility or to a new position at a facility.
*	Employees will not handle hazardous wastes without supervision until trained.
TRAININ	G DOCUMENTATION
The	owner or operator must maintain the following documents and records at the facility:
*	Job title for each position at the facility that is related to hazardous waste management, and the names
	of the employee(s) filling the position(s).
*	Description for each position listed above (must include required skill, education, or other qualifications
	as well as duties of employees assigned to the position.
*	Description of type and amount of both introductory and continuing training given to each employee.
*	Records that document that the requirements for training or job experience have been met.
*	Current employees' training records (to be retained until closure of the facility).
•	Former employees' training records (to be retained at least three years after termination of employment)

INTENTIONALLY LEFT BLANK

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

		TY IDENTIFI	CATION			
BUSINESS Burb	SNAME ank-Glendale-Pasadena Airport			3	FACILITY I	D#1
SITE ADD		103	CITY	104	ZIP CODE	105
2627	Hollywood Way	· · · · · · · · · · · · · · · · · · ·	Burbank		91505	
		ORING PLA	N AND PROCED	URES	·	
<u> </u>	uency of monitoring is as follows:				·	
a. Tank:	Constant & Continuous		,			
b. Piping:	Constant & Continuous					
	hods and equipment (name and model) used	for monitoring	include:		···· ·	
a. Tank:	Veeder Root TLS-3000	,				
b. Piping:						
	Veeder Root TLS-3000		·		·	
3. The loc	ation (s) where monitoring will be performed in	nclude:		. '		
	•					
Attach one p	age plot plan showing: Location of underground storage tanks, buildings, and pro	perty lines.				,
4. The nan	Location of monitoring points and the monitoring system is ne(s) of responsible person (s) performing the	monitoring ar	d/or maintaining th	e equip	ment includ	e:
Ken	Mills				· · ·	
I/Cii			·			
5. The rep	orting format for all monitoring performed is a	s follows:				
	Paper Tape		-			
b. Piping:	Paper Tape					
6. The pre	ventative maintenance schedule for the monit	oring equipme	nt is:			
Visu	al inspection of equipment on a week	ly basis. (leaned each mon	th.		
7. The trai	ning necessary for the operation of UST syste	ms, including	piping and monitor	ing equ	ipment inclu	ıdes:
Init asso	ial training by installation technic ciation with tank and connected hard	ian on how m ware.	onitoring syste	m worl	ks.in	
Note: Trainin] is scheduled and provided on	basis and training	ecords for personnel are	kept at the	e facility.	

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

Santa Clarita, CA 91351		
 Agency notifications will be made a responsible for Underground Storage regulations. 	as detailed in Section I of the Contingency Plan, a Tanks (USTs) shall be notified as required by sta	nd the local agency te and local laws and
Local UST Agency	Phone	
3. The following persons are respons	ible for authorizing work necessary under the res	ponse plan:
Name	Title	Phone
Name	Title	Phone
Name Jon M. Challgren	Title Manager, Airport Maint.	Phone 504-0777
Additional Persons	managery marpore marmer	1 001 0777
		•
4. The proposed methods and equipn substances and cleanup wastes are t	nent to be used for removing and properly dispos he following:	ing of hazardous
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<u> </u>	Diesel					If Subject to E	PCRA, refer to	instructions	
COMMON NAME				207	EHS*		□ Ye	es 🖾 No	208
CAS#				209	*If EHS is	'Yes", all am	ounts below	must be in	
FIRE CODE HAZ	ARD CLASSES (Complete i	if required by CUPA)				·			210
HAZARDOUS MATE TYPE (Check one its	RIAL om only) XXI a. PURE	□b. MIXTURE	C. WASTE	RADIOACT	TVE □Yes	₩No	212 CU	RIES	213
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(Check one item only) 🗀 a. SOLIDX	(Жъ. LIQUID	☐ c. GAS 21	LARGEST	CONTAINER	100	00.1	•	•
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CITY OF BURBANK

311 ORANGE GROVE AVENUE, BURBANK CALIFORNIA 91502-1221 (818) 238-3473 FAX (818) 238-3479

Len Silvernail
BURBANK-GLENDALE-PASADEDA AIRPORT AUTHORITY
2627 N Hollywood Way
Burbank CA 91505



SUBJECT: 00125 - BGP AIRPORT AUTHORITY
3000 N CLYBOURN AVE 34B, BURBANK

In July 1997, the City of Burbank became part of the Los Angeles County Certified Unified Program Agency (LACoCUPA). The LACoCUPA consolidates six environmental programs. The City of Burbank is responsible for the management of four of these six programs. They include Underground Storage Tanks, Hazardous Materials Disclosure and Response, Risk Management, and enforcement of the Hazardous Materials Management requirements of the Fire Code.

January 14, 2002

California Health & Safety Code, Chapter 6.95, Article 1 and Burbank Municipal Code §15-1-8001-3-3 require all businesses that store, use, or handle hazardous materials in quantities that meet or exceed the thresholds established in Health & Safety Code §25503.5, must submit a completed hazardous materials inventory disclosure statement annually. Our records indicate that you meet these requirements.

A review of our records indicates that you completed a comprehensive inventory statement in 2000 or 2001. (A list of the hazardous materials identified at your facility may be included with this letter for your convenience.) If all the information you submitted is currently correct, you may complete the **Annual Re-Certification** and the **Facility Information Section**, provided you can attest to the following:

- 1. The most recent information submitted to the Burbank Fire Department is complete, accurate and up to date.
- 2. There have been no changes in the quantities of hazardous materials as reported in the most recent submittal.
- 3. No hazardous materials subject to the inventory reporting requirements are being handled that are not listed in the most recently submitted inventory report.
- 4. The most recently submitted annual inventory report contains information required by Section 11022 of Title 42 of the United States Code.

00125 - 3000 N CLYBOURN AVE 34B

January 14, 2002 Page 2

Enclosed you will find the new Hazardous Materials Inventory Disclosure Annual Re-certification, the Facility Information Section, and the Hazardous Materials Section. These Hazardous Materials Inventory Disclosure forms are currently part of a Consolidated Permit Package issued by the Los Angeles County Certified Unified Program Agency (LACoCUPA). Please carefully read the instructions, complete the appropriate forms, and sign where indicated. Return ORIGINAL forms to the Burbank Fire Department by March 1, 2002. Failure to submit a properly completed inventory or annual re-certification statement by the due date could result in civil penalties. A self-addressed envelope is enclosed for your convenience. BE SURE TO RETAIN A COPY FOR YOUR RECORDS.

If you have any questions or if we can be of any assistance, please contact the Fire Prevention Bureau at (818) 238-3475.

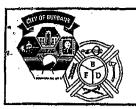
Thank you for your cooperation.

Michael W. Davis Chief of Fire Department

Devin Burns, Hazardous Materials Specialist

MWD:DB:md

 $HazMat\MSWord\Form\Letters\2002-2003 Letters\Re-Cert\Letter02-03$



-- F-M-101 01-01 -- M:\Forms\FM101 01-01.Annual Re-Certifice

BURBANK FIRE DEPARTMENT

HAZARDOUS MATERIALS DIVISION
311 East Orange Grove Avenue, Burbank CA 91502-1221

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials reporting forms. These forms are to be completed and returned to this Department on or before March 1. Failure to complete and return these forms by March 1 may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Burbank Fire Department, Hazardous Materials Division at (818) 238-3475, Monday through Friday 9:00 AM to 4:00 PM.

To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the March 1 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.

ANNUAL RE-CERTIFICATION PROCEDURE Attached are copies of the Hazardous Materials identified at your facility based on the latest information available. Carefully review and correct any information that may be incorrect or obsolete by completing a Chemical Description Form indicating the type of change. If you handle Regulated Substances (RS) at or above threshold quantities, you may submit a Regulated Substance Registration Form for each RS for each process. Check the appropriate box(es) below that (most) corresponds to your facility's information. Return the appropriate completed forms to us along with a newly completed and signed Business Activities Form, Business Owner/Operator Identification Form, and this Annual Re-Certification Page signed and dated. Delete: If you no longer handle any of the chemicals on the list provided you, COMPLETE A CHEMICAL DESCRIPTION FORM INDICATING "DELETE" for each chemical you no longer handle. Add: If you are handling new chemical(s) not previously disclosed, MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE all information on the form. If applicable, complete the Regulated Substance Registration Form (one form per chemical). Revise/Update: If there are corrections to your inventory information, MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE all information on the form INDICATING "REVISE". If applicable, complete the Regulated Substance Registration Form (one form per chemical). No Change: Mark this Box if there are no changes to the current inventory, return the current inventory we provided to us along with a newly completed and signed Business Activities Form, Business Owner/Operator Identification Form, and this Annual Re-Certification Page signed and dated. Regulated Substance Registration: If you are handling a Regulated Substance not previously disclosed, you must also COMPLETE the Regulated Substance Registration Form. A list of Regulated Substances is attached for reference. ANNUAL CERTIFICATION I certify under penalty of law that I have personally examined the information submitted herein and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory. LEN SILVERNAIL Print Name of Document Preparer Print Name of Owner/Operator BURBANK, GLONDACE, PASADENA Business Name ALR PORT BGP AIRPORT AUTHORITY 3000 N CLYBOURN AVE 34B

BURBANK 91505

BFDHMD.HMSRF.PKG.JAN2001



FACILITY INFORMATION SECTION

Be advised that appropriate signatures must be provided on forms

This section includes:

BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

All sections must be completed, including primary and secondary emergency contacts

BUSINESS ACTIVITIES PAGE

Please complete this form first
This will help you to determine which other forms you are required to complete



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

THE RESIDENCE TO THE RESIDENCE TO RE	VISE/I IPDATE		(FI	FFFCTIVE	1 1	,	PAGE	I OF 2	
	I.	DEN	rific	CATION					
FACILITY ID# (CUPA #)				1 R1	FGINNING DATE 1/1/	2002	1	2/31/2002	
BUSINESS NAME (Same as FACILITY NAME of DBA – Do Burbank-Glendale-Pasadena Ai	iug Business As) rport					3 BUSINES	S PHONE 818-840-8	102 3 840	
BUSINESS SITE ADDRESS 2627 Hollywood Way								103	
BURBANK			104	STATE	A	ZIP CODE	91505	105	
DIIN & BRADSTREET NIIMBER					106	SIC CODE (4 DIG	17#\ 45 81	107	
LOS ANGELES					108	UNINCORPORA	TED ☐ Yes 🏻	133a No	
BUSINESS OPERATOR Burbank-Glendale-Pasadena Ai	port Autho	rity			109	BUSINESS OPER	ATOR PHONE 818-840-8	840	
	II.	BUSII	NESS	OWNE	R				
OWNER NAME Burbank-Glendale-Pasadena Ai					. 111	OWNER PHONE 8	18-840-88	1 12 40	
OWNER MAILING ADDRESS 2627 Hollywood Way	•							113	
Burbank				114	STATE	CA 11.5	ZIP CODE	91505	
CONTACT NAME	ш.	ENVL	RON	MENTA	L CONTA		···		
Gregory Lawrence CONTACT MAILING ADDRESS				· · · · · · · · · · · · · · · · · · ·	117	CONTACT PHON	18-840-88		
2627 Hollywood Way							·	119	
Burbank	·		-	120	STATE	CA 121	ZIP CODE	91505	
-PRIMARY-	IV. I	EMER			NTACTS	-S1	ECONDAR		
Len Silvernail	****				ark Hardy	ment		128	
ਸੀਸ਼ਸ਼ Superintendent, Airport Mainter	ance			TITTI.R. Di	Director, Operations & Maintenance				
BUSINESS PHONE 818-504-0777			1		8-840-884	10		130	
24-HOITR PHONE 818-840-8830			126	24-HOUR PI 81	TONE 18-840-88	30		131	
PAGER #			127	PAGER #				132	
NUMBER OF EMPLOYEES	V. A					LLECTED I	NFORMA'	rion	
NUMBER OF EMPLOYAES			1336		3337732	CATION NUMBER		1330	
NAME	n				G INFOR	MATION			
Burbank-Glendale-Pasadena Air	port				regory La			E NUMBER 133 818-840-8840	
2627 Hollywood Way		············	33d (Burbank STATE 133f ZIP CODE 91505			1		
Carlifornia Panda and St. St. St. St.				ATION					
Certification: Based on my inquiry of those individuals responsi information submitted and believe the information is true, accurate the control of the cont	te, and complete.		ation, 1						
SIGNATURE OF CONTERIOPERALS OF DESIGNATED R	EPRESENTATIV	н		DATE ///7	102 134	NAME OF DOO	TIMENT PREPA	RFR 135	
NAME OF SIMMER (PRINT) Dan Feger			136		F SIGNER Puty Exe	cutive Direc	tor	137	
OFFICIAL USE ONLY INSPECTOR	INSPECTION DA	TE		DISTRICT	······				



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

VEAR 2002

PAGE 2 OF 2

	I. FACILITY IDENTIFICATION											
FAC	HATY ID#			-				ı	EPA	ID# (Hazardous Waste Only) CAD980695647	2	
BUS	INESS NAME (Same as Facil	ity Name	of DBA-	Doing B	usiness As)				 _		3	
	Burbank-Glendale	-Pasa	dena A	irport								
				11	I. ACTIVIT	TIES DI	ECLARA'	TION				
	NO	TE: P	lease sub						n Fori	n with this Page	····	
			<u> </u>									
A.	HAZARDOUS MATER		facility.	··				II Yes, p	lease o	complete these pages of the UPC	F	
	Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?								4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICA 4 CONSOLIDATED CONTINGE PLAN (Section I and Site Mi 4 TRAINING PLAN	NCY	
<u>B.</u>	UNDERGROUND STO			(USTs)					4UST FACILITY		
1.	Own or operate underground	-		_			⊠ -YES	□ NO		4UST TANK (one page per tank)		
2, .	Intend to upgrade existing or	r install n	iew USTs	,			☐ YE\$	⊠ NO	6	4UST FACILITY		
3.	Need to report closing a US'	Г 9					☐ YES	⊠ NO		4UST TANK (one per tank) 4UST INSTALLATION - CERTIL OF COMPLIANCE (one page p	per tank)	
C.	ABOVE GROUND PET		TIM OTO	ND A CIT	TANDE (A)	CT-\	LITES	ZJ NO		4UST TANK (closure portion -one page	per tank)	
<u>U.</u>	Own or operate ASTs above			JKAGE	LANNOIA	2121						
	any tank capacity is greater			τ			□ YES	⊠ NO	8	NO FORM REQUIRED TO CUPA	4 °c	
	the total capacity for the fac		-		allons?				Ŭ			
<u>D.</u>	HAZARDOUS WASTE	 					 					
1.	Generate hazardous waste?						⊠ YES	□ NO	9	4 EPA ID NUMBER – provide at this page. 4 As a generator, answer YES to It and complete Waste Generat	em E2b	
2.	Recycle more than 100 kg/n recyclable materials (per HS	10nth of 6 C 25143	excluded o .2)?	or exemp	ted		☐ YES	⊠ NO	10	4 RECYCLABLE MATERIALS F	REPORT	
3,	Treat hazardous waste on sit		,				☐ YES	🛭 ио	11	4 ON-SITE HAZARDOUS WAST TREATMENT - FACILITY 4 ON-SITE HAZARDOUS WAST	re	
4.	Treatment subject to financi Permit by Rule and Condition	ai assura onal Auth	nce require norization)	ements (for		☐ YES	⊠ №	12	TREATMENT - UNIT (one 4 CERTIFICATION OF FINANCI ASSURANCE	IAL	
5.	Consolidate hazardous wast	e generat	ed at a ren	note site	?		☐ YES	⊠ NO	13	4 REMOTE WASTE / CONSOLI SITE ANNUAL NOTIFICA		
6.	Need to report the closure/re hazardous waste and cleaned			at was cl	assified as		☐ YES	М ио	14	4 HAZARDOUS WASTE TANK CERTIFICATION	CLOSURE	
<u>E.</u>	LOCAL REQUIREME									in addition to Hazardous Materials	15 S	
	 REGULATED SUBSTANCES Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (CalARP)? 							⊠ №	15a	requirements, complete: 4 REGULATED SUBSTANCE REGISTRATION 4 RISK MANAGEMENT PLAN (when required)		
2. a.	OTHER REQUIREMENTS Have hazardous materials st		ite at or al	bove a th	reshold amour	nt	☐ YES	⊠ NO	15b	4 Consult local CUPA or PA for a	dded	
b.	established by a CUPA's or Required by a CUPA or PA	PA's loc	al ordinan	ce?			1 -	⊠ NO		reporting requirements.		
				ioimatio				M M	130	4 WASTE-GENERATOR FORM	(LA County)	
OFFIC	CIAL USE ONLY	INSPECT	UK		INSPECTION DA	NIE.	DISTRICT					

00125



BURBANK FIRE DEPARTMENT

HAZARDOUS MATERIALS DIVISION.

311 East Orange Grove Avenue, Burbank CA 91502-1221

YEAR 2003

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials reporting forms. These forms are to be completed and returned to this Department on or before March 1. Failure to complete and return these forms by March 1 may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Burbank Fire Department, Hazardous Materials Division at (818) 238-3475, Monday through Friday 9:00 AM to 4:00 PM.

To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the March 1 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.

ANNUAL RE-CERTIFICATION

Care: Desc quan appro	fully review and correct any informatipation Form indicating the type of atities, you may submit a Regulate opriate box(es) below that (most) coleted forms to us along with a new	nation that may be incorrect or obsole f change. <i>If you handle Regulated Si</i>	ubstances (RS) at or above threshold each RS for each process. Check the tion. Return the appropriate ctivities Form, Business
		any of the chemicals on the list provid FING "DELETE" for each chemical	ed you, COMPLETE A CHEMICAL you no longer handle.
		emical(s) not previously disclosed, MCOMPLETE all information on the form (one form per chemical).	
	DESCRIPTION FORM AND C	ections to your inventory information COMPLETE all information on the fold Substance Registration Form (one	
Ø	we provided to us along with a ne	ere are no changes to the current invested when completed and signed Business Form, and this Annual Re-Certification.	Activities Form, Business
		on: If you are handling a Regulated a Regulated Substance Registration l	Substance not previously disclosed, Form. A list of Regulated Substances
		ANNUAL CERTIFICATION	
		e personally examined the informatic and complete. Enclosed is our chem	
	GORY C. LAWRENCE	DAN FEGER	day Jen
Prin	nt Name of Document Preparer	Print Name of Owner/Operator	Signature of Owner/Operator
BG	P Airport Authority	3000 N Clybourn Ave 34B, Burbank	2/27/07
Bus	iness Name	Facility/Site Address	Date



FACILITY INFORMATION SECTION

Be advised that appropriate signatures must be provided on forms
This section includes:
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE
All sections must be completed, including primary and secondary emergency contacts

☐ BUSINESS ACTIVITIES PAGE

Please complete this form first
This will help you to determine which other forms you are

required to complete



UNIFIED PROGRAM (UP) FORM FACILITY INFORMATION SECTION

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UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

MEM BOSINESS MOOI OF BOSINESS MIKE	ISMUPDATE (EF	FECTIVE Z	<u> 27</u> / <u>2003</u>)		PAGE	i Or 4	
	I. IDENTIFI		20.045				
FACILITY ID# (CUPA #)	P 1 0 4 2 7	1 1	1/1/	2003	RNDING DAT	™ 12/31/2003	10
USINESS NAME (Same as FACILITY NAME or DBA – Doin Burbank-Glendale-Pasadena Air				3 BUSINESS	PHONE 818-840-	B840	l
USINESS SITE ADDRESS 3000 N Clybourn Ave 34B		,		······································			1
BURBANK	10	4 STATE	A	ZIP CODR	91505		1
UN & BRADSTREET NIJMBER		L	106	STC CODE (4 DIGIT	4581		14
OUNTY LOS ANGELES			. 108	UNINCORPORATI		No.	13
OUSINESS OPERATOR Gregory Lawrence			109	BUSINESS OPERA			1
orogory partitions	II. BUSINES	S OWNE	<u></u> /		010-040-		
WNER NAME Burbank-Glendale-Pasadena Air			111	OWNER PHONE	18-840-88	40	1
WNBR MAILING ADDRESS 2627 Hollywood Way	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4.		1
Burbank		114	STATE	CA 115	ZIP CODE	91505	Į.
- Supporting	III. ENVIRO	NMENTA	L CONTA				
ONTACT NAME Gregory Lawrence			117	CONTACT PHONE	18-840-88	40	l
ONTACT MAILING ADDRESS		·	l		10-040-00	40	
2627 Hollywood Way TTY Burbank	·	120	STATE	CA 121	ZIP CODE	91505	
	TY DAMED CIE	NCV CON			CONTO A D		
-PRIMARY-	IV. EMERGE	NAMR			CONDAR	1-	1:
Gregory Lawrence	124	TTTLR	n Silverr				-
Environmental Operations Mana JUSINESS PHONE	iger 125	BUSINESS P	HONR	dent Airport	Maint	<u> </u>	·
818-840-8840 	126	24-HOUR PH					
818-261-8624 AGRR#	127	PAGER#	8-381-34	11			_
818-529-3510			8-529-67				—
UMBER OF EMPLOYEES	V. ADDITIO	FEDERAL TA	X IDENTIFIC	OLLECTED I	NFORMA	TION	13
			-3337732	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AMR _	MAILING 1331	CONTACT			133b PHON	JE NUMBER	ł.
Burbank-Glendale-Pasadena Air	port 1334	CITY .	egory La	133e STATE			133
2627 Hollywood Way			rbank		CA	91505	
ertification: Based on my inquiry of those individuals responsible			alty of law that	I have personally exa	mined and am fa	amiliar with the	
nformation submitted and believe the information is true, accurate IGNATURE FOWNER OF ARATOR OF DESIGNATED RE	-	DATE	134	NAMR OF DOCE	IMENT PREPA	ARRR	
IAMIFOR SIGNIST (PRINT)	13	5 /2 6 71 H.R.OF	7/03	Grego	ry Lawre	ence	
Dan Feger				ecutive Direc	tor		
OPPICIAL USE ONLY INSPECTOR	INSPECTION DATE	DISTRICT					
7-M-102.1 01-01 M:\Forms\Business Owner.doc					BFDHMD.H	MSRF.PKG JAN 2	2001

BUSINESS OWNER/OPERATOR IDENTIFICATION

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials - Chemical Description for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 100. BEGINNING DATE Enter the beginning year and date of the report (YYYYMMDD, ex. 1999/07/01).
- 101. ENDING DATE Enter the ending year and date of the report (YYYYMMDD, ex. 2000/06/30).
- 102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
- 103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
- 104. CITY Enter the city or unincorporated area in which the business site is located.
- 105. ZIP CODE Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
- 106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
- 107. SIC CODE Enter the primary Standard Industrial Classification Code number for the primary business activity. Report only the first four digits.
- 108. COUNTY Enter the county in which the business site is located.
- 109. BUSINESS OPERATOR NAME Enter the name of the person who is the business operator.
- 110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
- 111. OWNER NAME Enter name of the business owner, if different from the business operator.
- 112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
- 113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
- 114. OWNER CITY Enter the name of the city for the owner's mailing address.
- 115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
- 116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
- 117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
- 118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
- 119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
- 120. CITY Enter the name of the city for the environmental contact's mailing address.
- 121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
- 122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
- 123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 124. TITLE Enter the title of the primary emergency contact.
- 125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
- 126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
- 128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 129. TITLE Enter the title of the secondary emergency contact.
- 130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
- 131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
- 133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. NUMBER OF EMPLOYEES Enter the number of employees working at your facility.
- 133c. TAX IDENTIFICATION NUMBER (TIN) Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
- 133e. MAILING/BILLING CITY Enter the city for the mailing/billing address.
- 133f. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.
- 133h. MAILING/BILLING CONTACT Enter the name of the person who is your Mailing/Billing contact.
- 133i. MAILING/BILLING NAME Enter the Name of the company or department for Mailing/Billing.
- 133j. MAILING/BILLING PHONE Enter the Mailing/Billing phone number.
 - SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE. The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate, and complete.
- 134. DATE Enter the date that the document was signed (YYYYMMDD, ex. 1999/07/01).
- 135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
- 136. NAME OF SIGNER Enter the full printed name of the person signing the page.
- 137. TITLE OF SIGNER Enter the title of the person signing the page.



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

00125

YEAR 2003

PAGE 2 OF 2

	I. FACILITY IDENTIFICATION														
FAC	LITY ID#					Р	1 0		2		5		1	EPA	ID # (Hazardous Waste Only) 2 CAD980695647
BUS	NESS NAME (Same as I	acility	Name o	f DBA-I	Doing B	usiness	As)								3
	Burbank-Glend		•												
	II. ACTIVITIES DECLARATION														
	NOTE: Please submit the Business Owner/Operator Identification Form with this Page														
├─		Do	es you	r facilit						-		If Y	es. p	lease	complete these pages of the UPCF
Α.	. HAZARDOUS MATERIALS														
	Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?								D	YES	[] 1	10 4	;	 ✓ HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESC ✓ CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) ✓ TRAINING PLAN 	
В.	UNDERGROUND		AGE T	ANKS	(USTs	<u> </u>									✓ UST FACILITY
1.	Own or operate undergr	ound st	orage ta	nks?						ĮΣ	YES		10 · 5	·	✓UST TANK (one page per tank)
2.	Intend to upgrade existi	ng or in	stall ne	w USTs?	•						YES	X 1	10 6	į	✓UST FACILITY
	, .														✓UST TANK (one per tank) ✓UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3.	Need to report closing a	UST?								[] YES	1 🖾	1O 7	1	✓UST TANK (closure portion -one page per (ank)
C.	ABOVE GROUND	PETR	OLEU	JM STO	DRAG	E TAI	NKS (AS	Ts)							
	Own or operate ASTs al	bove the	se thre	sholds:											
	any tank capacity is gre				г					10	YES	3 1	1O 8	:	NO FORM REQUIRED TO CUPA's
	the total capacity for the	e facilit	y is gre	ater than	1,320 g	galions'	?								_
<u>D.</u>	HAZARDOUS WA	STE							_	十					
1.	Generate hazardous was	te? .													✓ EPA ID NUMBER - provide at the top of
										Ē	YES	i 🗆	VO 9	,	this page. As a generator, answer YES to Item E2b and complete Waste Generator Form.
2.	Recycle more than 100 recyclable materials (pe				ır exemţ	oted				[] yes	1	VO 10	0	✓ RECYCLABLE MATERIALS REPORT
3.	Treat hazardous wasto o] YES	1 🗵	10 1	1	✓ ON-SITE HAZARDOUS WASTE TREATMENT ~ FACILITY ✓ ON-SITE HAZARDOUS WASTE
4.	Treatment subject to fin Permit by Rule and Cor					for				C] YES		10 1:	2	TREATMENT ~ UNIT (one page per unit) CERTIFICATION OF FINANCIAL ASSURANCE
5.	Consolidate hazardous					?				10	YES	X	NO 13	3	✓ REMOTE WASTE / CONSOLIDATION
6.	Need to report the closs hazardous waste and clo	re/remo	val of				d as				YES		40 I	4	SITE ANNUAL NOTIFICATION # HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
E.	LOCAL REQUIRE	MEN	<u>rs</u>		_										In addition to Hazardous Materials
1.	REGULATED SUBST									-					requirements, complete:
	Have Regulated Substa stored on site at greater California Accidental F	than the Release	e thresh	old plan	ning qua					[] yes	4 🖾	IO 15	a	✓ REGULATED SUBSTANCE REGISTRATION ✓ RISK MANAGEMENT PLAN (when required)
2.	OTHER REQUIREME									_	7	₩.			✓ Consult local CUPA or PA for added
a. b.	Have hazardous materia established by a CUPA Required by a CUPA o	's or PA	's loca	l ordinan	ce?		d amount			1] yes] yes				reporting requirements. WASTE GENERATOR FORM (LA County)
OFFIC	IAL USE ONLY		INSPEC	TOR			INSPECTION	DATE		DI	STRICT			4	

BUSINESS ACTIVITIES

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials Inventory Chemical Description pages for all submissions. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and Identifies your facility.
- 2. EPA ID NUMBER If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
- 3. BUSINESS NAME Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA Doing Business As".
- HAZARDOUS MATERIALS ON-SITE Check the box to indicate whether you have hazardous materials on-site. You have a hazardous material if:
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have hazardous materials on-site, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan (i.e. Consolidated Contingency Plan) and Training Plan, Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.

- 5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
- 6. UPGRADE / INSTALL UST Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST Installation Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan, and monitoring program plan.
- 7. UST CLOSURE Check the appropriate box if you are closing a UST and complete the closure portion of the UST Tank pages for each tank.
- 8. OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) Check the appropriate box to indicate whether there are APSTs on-site which exceed the regulatory thresholds. (There is no UPCF page for APSTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all APSTs. An aboveground petroleum storage tank (APST) facility with one or more of the following (see HSC §25270.2 (k)) is not subject to this act and is exempt:
 - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
 - An aboveground oil production tank which is regulated by the Division of Oil and Gas.
 - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
- 9. HAZARDOUS WASTE GENERATOR Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, "hazardous waste" also includes extremely hazardous waste and acutely hazardous
- 10. RECYCLE Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled on-site or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler; you do not need to report.
- 11. ON-SITE HAZARDOUS WASTE TREATMENT Check the appropriate box to indicate whether your facility treats hazardous waste on-site. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste on-site, complete the On-site Hazardous Waste Treatment Notification Facility page and one set of On-site Hazardous Waste Treatment Notification Unit pages for each unit
- 12. FINANCIAL ASSURANCE Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an on-site treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
- 13. REMOTE WASTE CONSOLIDATION SITE Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
- 14. HAZARDOUS WASTE TANK CLOSURE Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.
- 15a. LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS) Check the box to indicate whether Regulated Substances (RS) are stored on-site.

 An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold planning quantities then complete the Regulated Substance Registration in addition to forms required under item number 4.
- 15b. LOCAL HAZARDOUS MATERIALS THRESHOLD Check the appropriate box to indicate if you are subject to reporting hazardous materials at a level established by your local CUPA or PA. Check with your local CUPA or PA for details.
- 15c. LOCAL REQUIRED INFORMATION: HAZARDOUS WASTE Check the "yes" box if your facility answered yes to item number 9 and generates hazardous waste. If you checked the "Yes" box, complete the Hazardous Waste Generator Form (LA County).



CONSOLIDATED CONTINGENCY PLAN SECTION

o be	completed by all businesses, regardless of program type.
Be	advised that appropriate signatures must be provided on forms.
	This section includes:
a	CONSOLIDATED CONTINGENCY PLAN
	All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.
	Facilities with Underground Storage Tanks must also complete Section I (Emergency Response and Monitoring Plan).
۵	SITE MAP

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COVER PAGE

For Year 2003

FACILITY IDENTIFICATION

BUSINESS NAME					3	FACILITY ID#	1
	Burbank-Glendale-Pasadena Airport					P104275	
SITE ADDRESS		103	CITY		104	ZIP CODE	105
İ	3000 N Clybourne Ave 34B		<u> </u>	Burbank		91505	

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state, and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED						
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)						
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)						
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)						
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)						

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

Environmental Operations Office	- 2627 Hollywood Way, 2 ⁿ	a floor Termir	ial A. Burbank,	CA 91505

PLAN CERTIFICATION

I certify under penalty of law that I have personally best of my knowledge the information is accurate, c	examined and I am familiar with the information provided by this plan and to the complete, and true.			
PRINTED NAME OF OWNER/ OPERATOR TITLE OF OWNER/ OPERATOR				
DAN FEGER	DEPUTY EXECUTIVE DIRECTOR			
SIGNATURE OF WINER OF BERATOR	DATE 3 1 4 103			

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

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ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The Contingency Plan shall be reviewed, and immediately amended, if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION

Business NAME Burbank-Glendale-Pasadena Airport			3	FACII	ITY ID# P104275	ı
SITE ADDRESS 3000 N Clybourne Ave 34B	103	CITY	Burbank	ZIPC	ODE 91505	105

II. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME	123	NAME	128
Gregory Lawrence		Len Silvernail	
TITLE	124	TITLE	129
Environmental Operations Manager		Superintendent Airport Maint	
BUSINESS PHONE	125	BUSINESS PHONE	130
818-840-884 0		818-504-0777	
24-HOUR PHONE	126	24-HOUR PHONE	131
818-261-8624		818-381-3411	
PAGER #	127	PAGER#	132
818-529-3510		818-529-6726	

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE / PARAMEDICS / POLICE / SHERIFF

PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency:

(818) 238-3475

State Office of Emergency Service:

(800) 852-7550 or (916) 262-1621

National Response Center:

(800) 424-8802

Information to be provided during Notification:

- Your name and the telephone number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

TOTAL OF INCLUMENTAL STATE OF THE STATE OF T	
HOSPITAL/CLINIC:	PHONE:
St Joseph's	818-953-4400
ADDRESS:	
Hollywood Way & Pacific	
CITY:	ZIP CODE:
Burbank	91506

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SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response				
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? Yes No If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.				
CLEANUP/DISPOSAL CONTRACTOR List the contractor that will provide cleanup services in the event of a release.				
NAME OF CONTRACTOR Martin Environmental	PHONE NO 661-287-3737			
ADDRESS				
P.O. Box 1128	ZIP CODE			
Santa Clarita, CA	×91351			
	<u> </u>			
D. Arrangements With Emergency Responders				
If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below: Arrangement is made with Burbank Fire Dept. to respond first.				
E. Evacuation Plan				
1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which	apply):			
□ Verbal □ Telephone (including cellular) □ Alarm System □ Public Address System □ Intercom □ Pagers □ Portable Radio □ Other (specify):				
2. Bvacuation map is prominently displayed throughout the facility.				
3. Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:				
First Responder				
F. Earthquake Vulnerability				
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. Hazardous Waste/ Hazardous Materials Storage Areas Bench / Lab Waste Treatment Other				
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. Utilities				



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G.	Emergency Procedures
	Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous
	materials:
<u> </u>	
I.	PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What
Dies	actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures, sel fuel is stored underground and fed through piping to feed an emergency generator. Our employees do not
have	e the duties of handling the fuel.
-	· · · · · · · · · · · · · · · · · · ·
2.	MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and
	prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne
	release at your business?
The	re is a monitoring (approved by City of Burbank) device in place for this tank.
	·
3.	ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete
1,,,	process of stopping a release, cleaning up, and disposing of released materials at your facility?
we	have a contract with a licensed waste hauler.
<u> </u>	
 	·
<u> </u>	
<u> </u>	



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. EMERGENCY EQUIPMENT

		CYEQUER				
22 CCR, Section 66 Completion of the f	5265.52(e) [as referenced by Section 66262.34(ollowing Emergency Equipment Inventory Tal	(a)(3)] requires to ble meets this re	hat emergency equipment at the facility be listed. quirement			
EMERGENCY EQUIPMENT INVENTORY TABLE						
1. Equip Category	2. Equipment Type	3. Location *	4. Description**			
Personal	☐ Cartridge Respirators					
Protective,	Chemical Monitoring Equipment (describe)					
Equipment,	☐ Chemical Protective Aprons/Coats					
Safety	Chemical Protective Boots					
Equipment, and	☐ Chemical Protective Gloves					
First Aid	☐ Chemical Protective Suits (describe)					
Equipment	☐ Face Shields					
Equipment	First Aid Kits/Stations (describe)					
	Hard Hats					
	☑ Plumbed Eye Wash Stations	Outside	Mounted on wail			
	Portable Eye Wash Kits (i.e. bottle type)					
	Respirator Cartridges (describe)					
	Safety Glasses/Splash Goggles					
	Safety Showers	-				
	Self-contained Breathing Apparatuses (SCBA)					
	Other (describe)					
Fire	Automatic Fire Sprinkler Systems					
Extinguishing	☐ Fire Alarm Boxes/Stations					
Systems	Fire Extinguisher Systems (describe)					
	Other (describe)					
Spill .	Absorbents (describe)	Maint Yard				
Control	Berms/Dikes (describe)					
Equipment	☐ Decontamination Equipment (describe)					
and Decontamination	Emergency Tanks (describe)					
Equipment	Exhaust Hoods					
Equipment	Gas Cylinder Leak Repair Kits (describe)					
	Neutralizers (describe)					
	Overpack Drums					
	Sumps (describe)	11.11-				
· · · · · · · · · · · · · · · · · ·	Other (describe)					
Communications	Chemical Alarms (describe)					
and A forms	☐ Intercoms/ PA Systems					
Alarm Systems	Portable Radios	<u> </u>				
Systems	Telephones Telephones					
	☐ Underground Tank Leak Detection Monitors	Inside	Veeder Root TLS-3000			
A 41141 1	Other (describe)	 				
Additional						
Equipment (Use Additional		 				
Pages if		ļ				
Needed.)		 				

Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

^{**} Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

FACILITY PERSONNEL ARE TRAINED AS FOLLOWS:

- Familiarity with all plans and procedures specified in the Contingency Plan.
- Methods for safe handling of hazardous materials.
- Safety procedures in the event of a release or threatened release of a hazardous material.
- Use of emergency response equipment and supplies under the control of the business.
 - Procedures for coordination with local emergency response organizations.

TRAINING SHALL BE PROVIDED:

- Initially for all new employees.
- Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

ADDITIONAL TRAINING SHOULD INCLUDE:

- Internal alarm/notification procedures.
- Evacuation/re-entry procedures and assembly point locations.
- Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING

- Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
- Employees will not handle hazardous wastes without supervision until trained.

TRAINING DOCUMENTATION

The owner or operator must maintain the following documents and records at the facility:

- Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
- Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).
- Description of type and amount of both introductory and continuing training given to each employee.
- Records that document that the requirements for training or job experience have been met.
- Current employees' training records (to be retained until closure of the facility).
- Former employees' training records (to be retained at least three years after termination of employment).

INTENTIONALLY LEFT BLANK



SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN I. FACILITY IDENTIFICATION

BUSINESS NAME			. 3	FACILITY ID#	1
Burbank-Glendale-Pasadena Airport				P104275	
SITE ADDRESS	103	CITY	104	ZIPCODE	105
3000 N Clybourn Ave 34B			Burbank	91505	

		II. MONITORING PLAN AND PROCEDURES
1.	The	e frequency of monitoring is as follows:
	8.	Tarik
		Constant & Continuous
	b.	Piping:
		Constant & Continuous
2.		e methods and equipment (name and model) used for monitoring include:
	a.	Tank: Veeder Root TLS-3000
	b.	Piping:
	U.	Veeder Root TLS-3000
3.	The	e location (s) where monitoring will be performed include:
J.		to carron (s) where monitoring with be performed incidue.
		•
Atta	ch or	ne page plot plan showing:
		1. Location of underground storage tanks, buildings, and property lines.
		2. Location of monitoring points and the monitoring system.
4.	The	e name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:
		Len Silvernail
5.		e reporting format for all monitoring performed is as follows: Tank:
	a.	
	b.	Paper Tape Piping
	D.	Paper Tape
6.	715	e preventative maintenance schedule for the monitoring equipment is:
U.	ТЩ	e preventative maintenance schedule for the monitoring equipment is: Visual inspection of equipment on a weekly basis. Cleaned each month.
		Visual hispection of equipment on a weekly basis. Cleaned each month.
7.	Th	e training necessary for the operation of UST systems, including piping and monitoring equipment includes:
<i>'</i> .	LIR	l training necessary for the operation of US1 systems, including piping and monitoring equipment includes: Initial training by installation technician on how monitoring system works in association with tank and
		connected hardware.
		volinotion initaligie.
-		
No	e Tr	raining is scheduled and provided on a basis, and training records for personnel are kept at the facility.
1 110	<u>~</u>	builtig is somewhere and provided on a basis, and daming records for personner are kept at the facility.

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.



SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

III. EMERGENCY RESPONSE PLAN

Martin Environme P.O. Box 1128			
Santa Clarita, CA	91351		
2. Agency notifications w	ill be made as detailed in	section I of the Contingency Plan, and the local agency resired by state and local laws and regulations.	ponsible for Underground
LOCAL UST AGENCY		PHONE	
3. The following persons	are responsible for autho	orizing work necessary under the response plan:	
NAME Gregory Lawrenc	e	TITLE Environmental Operations Manager	PHONE 818-840-8840
NAME Len Silvernail		Superintendent Airport Maint	PHONE 818-504-0777
NAME	·	TITLE	PHONE
ADDITIONAL PERSONS	<u> </u>		
Airport Fire has a	dequate supply of a	bsorb all material on board response vehicles.	
5. The location and avails	ability of the required cle rtment Operating Pr	eanup equipment listed in item #4 is as follows: ocedure.	
5. The location and avails Airport Fire Depa	ability of the required cle rtment Operating Pr	eanup equipment listed in item #4 is as follows: ocedure.	
5. The location and availa Airport Fire Depa 6. The maintenance scheo	ability of the required cle rtment Operating Pr	eanup equipment listed in item #4 is as follows: Ocedure. In the properties of the	
5. The location and availa	ability of the required cle rtment Operating Pr	eanup equipment listed in item #4 is as follows: Ocedure. In the properties of the	



SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

- 1. Site Plan: This drawing shall contain, at a minimum, the following information:
 - a. Site Orientation (north, south, etc.);
 - b. Approximate scale (e.g. "1 inch = 10 feet".);
 - c. Date the map was drawn;
 - d. Locations of all buildings and other structures;
 - e. Parking lots and internal roads;
 - f. Hazardous materials loading/unloading areas;
 - g. Outside hazardous materials storage or use areas;
 - h. Storm drain and sanitary sewer drain inlets;
 - i. Wells for monitoring of underground tank systems;
 - j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
 - k. Adjacent property use;
 - 1. Locations and names of adjacent streets and alleys;
 - m. Access and egress points and roads.
- 2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3"; "A", "B", "C", etc.);
 - c. Entrances to and exits from each building and hazardous material/waste room/area;
 - d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
 - e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

3. Map Legend

Item and/or Description	Location Code (LC)
,	



SITE MAP INSTRUCTIONS

- Review these instructions and the example site map prior to completing your business' site map. Site maps not conforming to these requirements shall be returned for correction.
- Business site maps are required to be completed by each business that handles a hazardous material which has a quantity at any one time during the reporting year greater than a total weight of 500 pounds, or a total volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas. For large businesses, completed additional site maps, if necessary.

3.	~	wing symbols shall be used: Fire Department	Mada	MSDS Storage Location	©	Gas Shut-Off	3	Sower
	• •	Sprinkler Connection Fire Department	EIS	Evacuation /Staging Areas	(W)	Water Shut-Off	\bigcirc	Aboveground Tank
	T	Standpipe Connection	Ġ	Guard Station	XXX	Fence/Barrier	\circ	Underground Tank
	- ∓	Fire Hydrants	(AC)	Air Conditioning Controls		Railroad Track	(IT)	Insulated Tank
	LAS	Limited Access Systems (Knox Box)	E	Electrical Panel		Storm Drain	(PT)	Pressurized Tank

4. Identify the storage areas and type of hazardous materials stored in these areas using the following symbols:

HMS - Hazardous Materials Storage/Handling Area

COM - Combustible ETI - Etilogic

EXP - Explosive

· ORG - Organic Peroxide OXI - Oxidizer

PRY - Pyrophoric RAD - Radioactive

WRE - Water Reactive

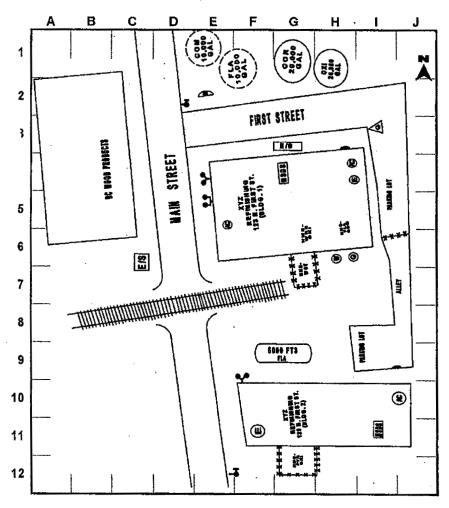
COR - Corrosive CRY - Cryogenic

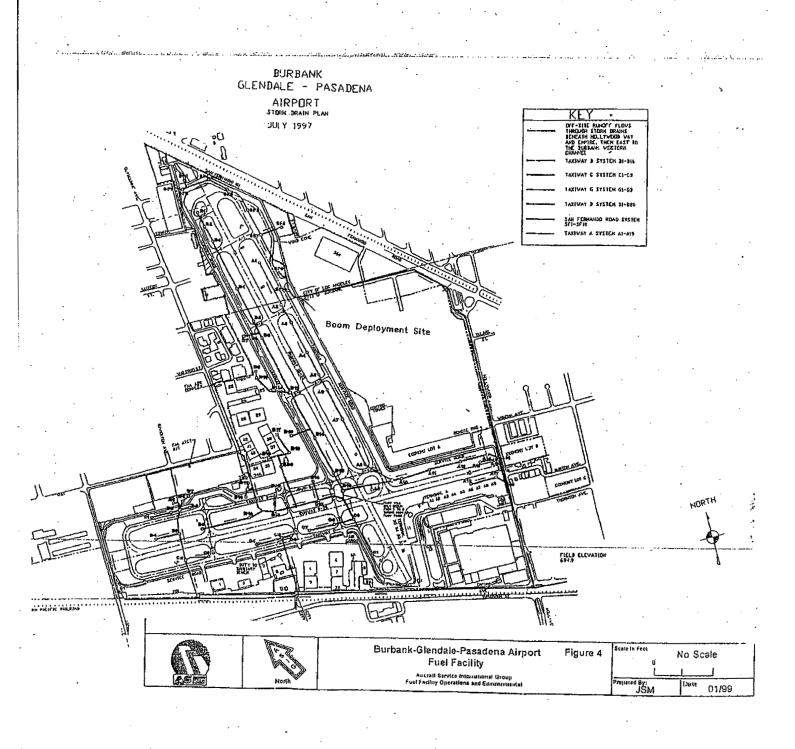
FLA - Flammable

PSN - Poison

TZX - Toxic

WST - Waste







10

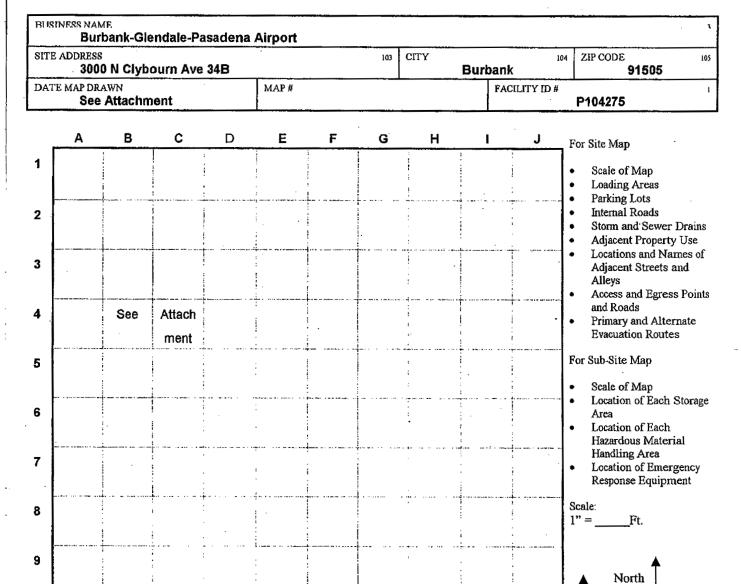
11

12

UNIFIED PROGRAM (UP) FORM CONSOLIDATED CONTINGENCY PLAN

/

SITE MAP



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X



HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

o HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS Number, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstract Service at (614) 447-3600. Maintain all MSDS on the premises.

DO NOT SUBMIT THE MSDS with the completed inventory.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Plan and Community Right-to-Know Act) reporting thresholds must sign each page each EPCRA reported chemical. For more information on EPCRA, contact th at (800) 535-0202 or visit the US EPA'S EPCRA website at www.epa.gov/opj

REGULATED SUBSTANCE REGISTRATION FORI

INSTRUCTIONS FOR THE UNFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

- 1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised.

 NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
- 201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
- 202. CHEMICAL LOCATION CONFIDENTIAL EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
- 203. MAP NUMBER. If a map is included, enter the number of the map on which the location of the hazardous material is shown.
- 204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
- 205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
- 206. TRADE SECRET Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not. State requirement: If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. Federal requirement: If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
- 207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
- 208. EHS (RS) Check "Yes" if the hazardous material is an Extremely Hazardous Substance (BHS) (RS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS (RS), leave this section blank and complete the section on hazardous components below.
- 209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, I leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
- 210. FIRE CODE HAZARD CLASSES This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
- 211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material; pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the bazardous components section.
- 212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not,
- 213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
- 214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled; solid, liquid, or gas.
- 215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
- 216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material.

 Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.
 - Pressure Release: Explosives, Compressed Gases, and Blasting Agents.
 - Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.

 Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.
 - Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
- 217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
- 218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
- 219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
- 220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
- 221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet, or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS) (RS), all amounts must be reported in pounds. If material is a mixture containing an EHS (RS), report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
- 222. DAYS ON SITE List the total number of days during the year that the material is on site.
- 223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored.

 NOTE: If appropriate, you may choose more than one.
- 224. STORAGE PRESSURE Check the one box that best describes the pressure at which the bazardous material is stored.
- 225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
- 226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 5 in boxes 230, 234, 238, and 242.)
- 227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 5 in boxes 231, 235, 239, and 243.)
- 228. HAZARDOUS COMPONENTS 1-5 BHS (RS) Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2-5 in boxes 232, 236, 240, and 244.)
- 229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture, (Repeat for 2-5.)
- 246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

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BUSINESS NAME (San Burbank				_		ls)													3
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COMMON NAME			·								2	207	EHS (RS)*		-			_	208
CAS#					:						2	09				 -		⊴ No	
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				JUL	· · · · · · · · · · · · · · · · · · ·														210
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PHYSICAL STATE (C	eck one item o	nlv)							2	4 1	ARGE	ST C	ONTAINER						215
☐ a. SOLID FRD HAZARD CATEGO	_	LIQUID	•	<u> c</u>	: GAS									100	0				216
🛛 a. FIRE	☐ b.	REACTI	/E [_	. PRES				LEAS				CUTE HEA			e. C	HRONI	C HEALT	
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UNITS* (Check one it	em only) . GALLONS	* If EHS (R			ıst be in po C FEET			c. F	POUNI)S			d. TONS	221	Î	AYS	ON SITE:		222
STORAGE CONTAINE a. ABOVE GRO b. UNDERGRO c. TANK INSIDE d, STEEL DRUM	OUND TANK JND TANK BUILDING	☐ f.	CAN CARBO		IONMET	ALLIC	DR	RUN		j. E k. E			□ n. □ o.	GLASS PLASTI TOTE 8 TANK V	C BO	OTTL		q. RAIL C.	₹
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2 230											231	ΠY	′es ∐No	232					233
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4 238											239	ΠY	′es ∐No	240			•		241
5 242											243	□Y	′es ∏No	244				·	245
If more hazardous co	mponents a regulred info	re present ormation.	at grea	ter tl	han 1% b	y wei	ght i	f ne	on-car	inoge	enic, o	r 0.1	1% by weigh	t if carcin	ogen	ic, at	tach add	litional shee	ts of
ADDITIONAL LOCA			FORM	ATIC	N														246
If EPCRA, Please Sig	n Here		 													,			
(Facilities reporting (hemicals sul	biect to EP(CRA rei	porti	ng thresho	olds m	ust si	ign	each (hemi	cal De	scrip	tion page for	each EP	CRA	repor	ted chem	ical.)	
OFFICIAL USE ONLY	DATER	ECEIVED	-		REVIE	WED	ΒY												•



UNIFIED PROGRAM (UP) FORM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CAIARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME							-	3
		•						•
FACILITY ID#	EPA ID#			2	PROGRAM LE	VEL		246a
		,			□1	□ 2	□ 3	
NAME OF CORPORATE PARENT COMPANY			246Ь	DUN & BR	ADSTREET NUM	BER		106
PERSON RESPONSIBLE FOR RMP (First Name, Last Name)			246c	TITLE				246d
	· · · · · · · · · · · · · · · · · · ·							
LATITUDE 246e	LONGITUDE			246F	PROCESS SIC			1078
		208 D						246g
DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 APPENDIX A (EHS) (RS)?	CFR 333 ☐ Yes ☐ No	1 5		PROCESSE ING PERMI	S REQUIRE A CLE	AN AIR A	No	2108
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 189		LAST SAFETY			+ 1			246i
☐ Yes ☐ No	(, -	DATE)		AGE	VCY		
CHEMICAL NAME				205	CAS#			209
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PRINCIPAL EQUIPMENT								246k
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		TIFICATION				 		
I, the owner or operator of the aforementioned busin best of my knowledge based upon reasonable inquiry	ess, hereby certify tha . I am fully aware the	t the registration that the control of the control	on inf tion e	formation processed on	rovided above is	true, acc	curate, and co	mplete to the
perjury under the laws of the State of California.	· I am inny anait in	ic tills cortificat	HOH C	ACCUITE ON	me date molcate	u DELOW	із дівис чийсі	benute, or
OWNER/OPERATOR NAME		246l O	WNER	/OPERATOR	R TITLE			246m
OWNER/OPERATOR SIGNATURE		D.	ATE		_	_		246п
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OFFICIAL OSE ONE! DATE RECEIVED	REVIEWED BY							



FIRE DEPARTMENT MICHAEL W. DAVIS FIRE CHIEF

CITY OF BURBANK

311 ORANGE GROVE AVENUE, BURBANK, CALIFORNIA 91502-1221
(818) 238-3473
FAX (818) 238-3479

FAX (818) 238-3479 WEB SITE www.ci.burbank.ca.us/fire

January 9, 2004

Gregory Lawrence
BURBANK-GLENDALE-PASADEDA AIRPORT AUTHORITY
2627 N Hollywood Way
Burbank CA 91505

SUBJECT: 00125 - BURBANK-GLENDALE-PASADENA AIRPORT 3000 N CLYBOURN AVE 34B, BURBANK

In July 1997, the City of Burbank became part of the Los Angeles County Certified Unified Program Agency (LACoCUPA). The LACoCUPA consolidates six environmental programs. The City of Burbank is responsible for the management of four of these six programs. They include Underground Storage Tanks, Hazardous Materials Disclosure and Response, Risk Management, and enforcement of the Hazardous Materials Management requirements of the Fire Code.

California Health & Safety Code, Chapter 6.95, Article 1 and Burbank Municipal Code §15-1-8001-3.3 require all businesses that store, use, or handle hazardous materials in quantities that meet or exceed the thresholds established in Health & Safety Code §25503.5, must submit a completed hazardous materials inventory disclosure statement annually. Our records indicate that you meet these requirements.

Enclosed you will find the following forms which you are required to complete and submit to us by March 1, 2004:

✓ The Hazardous Materials Annual Re-Certification Procedure

A list of the hazardous materials identified at your facility may be included in this package. Review it carefully. You may complete the Annual Re-Certification Procedure for the Hazardous Materials Disclosure Report only, provided you can attest to the following:

- The most recent information submitted to the Burbank Fire Department is complete, accurate and up to date. (See attached list)
- There have been no changes in the quantities of hazardous materials as reported in the most recent submittal.
- No hazardous materials subject to the inventory reporting requirements are being handled that are not listed in the most recently submitted inventory report.
- The most recently submitted annual inventory report contains information required by Section 11022 of Title 42 of the United States Code.

✓ The Facility Information Section

Everyone is required to submit their Facility Information for 2004. This form has been filled out with the information we currently have on file. If there are any blanks, please complete this information. If there are any changes, please cross out the filled in information and write in your new information.

HAZARDOUS MATERIALS INVENTORY DISCLOSURE STATEMENT 00125 - 3000 N CLYBOURN AVE 34B, BURBANK January 9, 2004

Page 2

✓ The Hazardous Materials Section

These forms are provided for your convenience to be completed if you have added any new hazardous materials, deleted any hazardous materials, or if there are any changes in quantities or substances to be reported.

These Hazardous Materials Inventory Disclosure forms are currently part of a Consolidated Permit Package issued by the Los Angeles County Certified Unified Program Agency (LACoCUPA). Please carefully read the instructions, complete the appropriate forms, and sign where indicated. Return ORIGINAL forms to the Burbank Fire Department by March 1, 2004. Failure to submit a properly completed inventory or annual re-certification statement by the due date could result in civil penalties. A self-addressed envelope is enclosed for your convenience. BE SURE TO RETAIN A COPY FOR YOUR RECORDS.

If you have any questions or if we can be of any assistance, please contact the Fire Prevention Bureau at (818) 238-3475.

Thank you for your cooperation.

Michael W. Davis Chief of Fire Department

Devin Burns, Hazardous Materials Specialist

MWD:DB:md

HazMat\MSWord\FormLetters\2003-2004Letters\Re-CertLetter 03-04



BURBANK FIRE DEPARTMENT

HAZARDOUS MATERIALS DIVISION.

311 East Orange Grove Avenue, Burbank CA 91502-1221

YEAR 2004

HAZARDOÙS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials reporting forms. These forms are to be completed and returned to this Department on or before March 1. Failure to complete and return these forms by March 1 may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Burbank Fire Department, Hazardous Materials Division at (818) 238-3475, Monday through Friday 9:00 AM to 4:00 PM.

To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the March 1 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.

ANNUAL RE-CERTIFICATION

Attached are copies of the Hazardous Materials identified at your facility based on the latest information available. Carefully review and correct any information that may be incorrect or obsolete by completing a Chemical Description Form indicating the type of change If you handle Regulated Substances (RS) at or above threshold quantities, you may submit a Regulated Substance Registration Form for each RS for each process. Check the appropriate box(es) below that (most) corresponds to your facility's information. Return the appropriate completed forms to us along with a newly completed and signed Business Activities Form, Business Owner/Operator Identification Form, and this Annual Re-Certification Page signed and dated.

UWI	er/Operator Identification Form, a	nd this Annual Ke-Certification Page s	igued gud dated.
	Delete: If you no longer handle DESCRIPTION FORM INDICA	any of the chemicals on the list provid ATING "DELETE" for each chemical	ed you, COMPLETE A CHEMICAL you no longer handle:
	DESCRIPTION FORM AND	hemical(s) not previously disclosed, M COMPLETE all information on the f in Form (one form per chemical)	AKE COPIES OF CHEMICAL orm. If applicable, complete the
	DESCRIPTION FORM AND	rections to your inventory information COMPLETE all information on the fited Substance Registration Form (one	orm INDICATING "REVISE". If
	we provided to us along with a	here are no changes to the current invenewly completed and signed Business in Form, and this Annual Re-Certifica	Activities Form, Business
	Regulated Substance Registra you must also COMPLETE the is attached for reference.	tion: If you are handling a Regulated Regulated Substance Registration	Substance not previously disclosed, Form. A list of Regulated Substance
subr	tify under penalty of law that I have nitted information is true, accurate senses.	ANNUAL CERTIFICATION we personally examined the information and complete Enclosed is our chemically and the second complete Enclosed is our chemically and the second complete Enclosed is our chemically and the second control of the second con	n submitted herein and believe the cal inventory.
Prii Bu	nt Name of Document Preparer rbank-Glendale-Pasadena port	Print Name of Owner/Operator 3000 N Clybourn Ave 34B, Bo	Signature of Owner/Operator urbank
	siness Name	Facility/Site Address	Date
	· · · · · · · · · · · · · · · · · · ·	The state of the s	the first term with the expension of the first term of the first term of the



FACILITY INFORMATION SECTION

To be completed by all businesses, regardless of program type

Be advised that appropriate signatures must be provided on forms

This section includes:

 BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

All sections must be completed, including primary and secondary emergency contacts

o BUSINESS ACTIVITIES PAGE

Please complete this form first

This will help you to determine which other forms you are required to complete



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

00125

☐ NEW BUSINESS ☐ OUT O	/ \	EFFECTIVE (2/14/)		PAGE (OF 2	
	I. IDENTIF				
FACILITY ID# (CUPA #)	P104275	1 BEGINNING DATE 1/1/	2004	ENDING DATE 12/31/2004	101
Business name (same as facility Burbank-Gleno	TY NAME or DBA - Doing Business As) Alte-Pasadena Airport	tope Airport	3 BUSINESS	PHONE 818-840-8840	102
BUSINESS SITE ADDRESS 3000 N Clybour					103
GITY Burbank	Į.	CA	ZIP CODE	91505	105
DUN & BRADSTREET NUMBER		106	SIC CODE (4 DIGIT	^(#) 4581	107
COUNTY Los Angeles		108	UNINCORPORAT	nD ☐ Yes ⊠ No	133a.
BUSINESS OPERATOR Gregory Lawre	nce Dan Feger	. 109	Business oper	ATOR PHONE 818-840-8840	110
	····	SS OWNER			
OWNER NAME Burbank-Glend	ale-Pasadena Airport Awtho	riter	OWNER PHONE	818-840-8840	112
OWNER MAILING ADDRESS 2627 Hollywoo		• • • • • • • • • • • • • • • • • • • •			113
Burbank	· · · · · · · · · · · · · · · · · · ·	114 STATE	CA	2IP CODE 9.15.05.	116
	III. ENVIRO	NMENTAL CONTA			
CONTACTNAME Del	nnis Oconnor	117	CONTACT PHON	1/8-840-8840	178
	7 Hollywood Way		· .		119
Bur	bank	120 STATE	4 121	ZIP CODE 91505	122
		NCY CONTACTS	-SE	CONDARY-	
NAME	nce Dennis Okonnor	NAMB Len Silve		***************************************	128
	Community Pelations 124 Airport Maint Office	TITLE	endent Airpo	ort Maint	129
BUSINESS PHONE 818-840-8840	125	BUSINESS PHONE 818-504-0			130
24-HOUR PHONE	818-840-8830	24-HOUR PHONE 818-381-3	·····		131
PAGER# 818-529-3510	127	PAGER# 818-529-6			132
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NUMBER OF EMPLOYEES		FEDERAL TAX IDENTIFI			133o
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ADDRESS 2627 N Hollywo	1334	GTY Burbank	133e STATE		133 g
	CERTIFIC	· · · · · · · · · · · · · · · · · · ·			
	hose individuels responsible for obtaining the information formation is true, accurate, and complete.		w that I have personal	ly examined and am familiar with	the
SIGNATURE OF OWNER/OFFICATO	OR OR DESIGNATED REPRESENTATIVE	DATE THE	1	JMENT PREPARER	135
NAME OF STONER (PRINT)	· · · · · · · · · · · · · · · · · · ·	36 TITLE OF SICHER		DIRECTOR	137
DAN FEGE	<u>K </u>	DEPUTY E	LECUTIVE	DIRECTOR	



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

00125

YEAR 2004

PAGE 2 OF 2

		IFICATION	
FACILITY ID # (CUPA #)	P104275	EPA ID # (Hezardous Waste Only) CAD 980695647	2
	Facility Name of DBA-Doing Business As)		3
Burbank-Gle	ndale Pasadena Airport Bob Ho	pe Airport	

CUT TURY TOND NUMBER OF THE OWN

II. ACTIVITIES DECLARATION NOTE: Please submit the Business Owner/Operator Identification Form with this Page Does your facility . . . If Yes, please complete these pages of the UPCF. . . HAZARDOUS MATERIALS' 4 HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for INVENTORY - CHEMICAL DESC liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include YES INO 4 4 CONSOLIDATED CONTINGENCY liquids in ASTs and USTs); or the applicable Federal threshold quantity for an PLAN (Section I and Site Map(s)) extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; 4 TRAINING PLAN or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 707 **UNDERGROUND STORAGE TANKS (USTs) 4UST FACILITY** YES | NO 5 Own or operate underground storage tanks? 1. 4UST TANK (one page per tank) Ź. Intend to upgrade existing or install new USTs7 TYES INO 6 **4UST FACILITY** 4UST TANK (one per tank) **4UST INSTALLATION - CERTIFICATE** OF COMPLIANCE (one page per tank) Need to report closing a UST? ☐ YES ☑ NO 7 4UST TANK (closure portion -one page per tank) ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ☐YES X NO 8 any tank capacity is greater than 660 gallons, or NO FORM REQUIRED TO CUPA'S the total capacity for the facility is greater than 1,320 gallons? HAZARDOUS WASTE Generate hazardous waste? 4 EPA ID NUMBER - provide at the top of . this page. YES INO 9 4 As a generator, answer YES to Item E2b and complete Waste Generator Form. 2. Recycle more than 100 kg/month of excluded or exempted YES X NO 10 4 RECYCLABLE MATERIALS REPORT recyclable materials (per HSC 25143.2)? 4 ON-SITE HAZARDOUS WASTB ☐ YES X NO 11 3. Treat hazardous waste on site? TREATMENT - FACILITY 4 ON-SITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) 4. Treatment subject to financial assurance requirements (for 4 CERTIFICATION OF FINANCIAL, ☐ YES 📈 NO 12 Permit by Rule and Conditional Authorization)? ASSURANCE 4 REMOTE WASTE / CONSOLIDATION ☐ YES ☑ NO 13 5. Consolidate hazardous waste generated at a remote site? SITE ANNUAL NOTIFICATION Need to report the closure/removal of a tank that was classified as ø. 4 HAZARDOUS WASTE TANK CLOSURE ☐ YES ☐ NO 14 hazardous waste and cleaned on-site? CERTIFICATION LOCAL REQUIREMENTS In addition to Hazardous Materials REGULATED SUBSTANCES requirements, complete: Have Regulated Substances (RS) including Extremely Hazardous Substances 4 REGULATED SUBSTANCE (EHS) stored on site at greater than the threshold planning quantities established REGISTRATION ☐ YES 🂢 NO 15a by the California Accidental Release Program (CalARP)? 4 RISK MANAGEMENT PLAN (when required) OTHER REQUIREMENTS 2, : Have hezardous materials stored on site at or above a threshold amount 4 Consult local CUPA or PA for added -8: established by a CUPA's or PA's local ordinance? reporting requirements. ☐ YES NO 15¢ 4 WASTE GENERATOR FORM (LA County) Required by a CUPA or PA to provide other information?



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

	,						(one page per r	naterial per building	or Brea)
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BUSINESS NAME (Sar		or DBA - Doing				· · · · · · · · · · · · · · · · · · ·			3
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	n de of building 3	33			201	(EPCRA)	ON CONFIDENTIA		202
FACILITY ID#				TTT	1 MAP#		03 GRID# (ontion		204
TACIDITI ID #	-	P _	1 0 4 2	7 5					
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CAS#							☐ Yes	⊠ No	
CASE					209	*If EHS (RS) is "Y	'es", all amounts	below must be i	in Lbs.
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HAZARDOUS MATER	IAI, TYPB (Check one if	tem only)		211	RADIOAC	TIVR	212 CUR	IBS	213
🛛 a. PURE	☐ b. MIXTU	JRE 🔲	c. WASTE			☐ Yes 🖾 No		,	
PHYSICAL STATE (C)	heck one item only) b, LIQUI	D П	c. GAS	214	LARGEST	CONTAINER 1	000		215
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☐ c. TANK INSIDE		g. CARBOY h. SILO			. BOX . CYLINDE	□ 0. TOTE R □ p. TANE			
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%WT	HAZARDOU	S COMPONI	ENT (For mixture	or waste onl	y)	EHS (RS)		CAS#	
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230	1 2.0007				231	232			233
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3					235	Yes □No			237
238				<u> </u>	239	240			241
4				, , , , , , , , , , , , , , , , , , ,		Yes No	<u></u>		
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			han 1% by weight	if non-carcin	ogenic, or (0.1% by weight if car	cinogenic, attach	additional shee	ts of
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ADDITIONAL LOCA	ALLY COLLECTED	INFORMATIO	JN .						240

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OFFICIAL USE ONLY	DATE RECEIVED	0	REVIEWED BY						



CITY OF BURBANK

311 ORANGE GROVE AVENUE, BURBANK CALIFORNIA 91502-1221 (818) 238-3473

FAX (818) 238-3479

January 10, 2005

16/05 16/05

Dennis O'Connor BOB HOPE AIRPORT 2627 N Hollywood Way Burbank CA 91505

SUBJECT: 00125 - BOB HOPE AIRPORT

3000 N CLYBOURN AVE 34B, BURBANK

In July 1997, the City of Burbank became part of the Los Angeles County Certified Unified Program Agency (LACoCUPA). The LACoCUPA consolidates six environmental programs. The City of Burbank is responsible for the management of four of these six programs. They include Underground Storage Tanks, Hazardous Materials Disclosure and Response, Risk Management, and enforcement of the Hazardous Materials Management requirements of the Fire Code.

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- No hazardous materials subject to the inventory reporting requirements are being handled that are not listed in the most recently submitted inventory report.
- The most recently submitted annual inventory report contains information required by Section 11022 of Title 42 of the United States Code.

HAZARDOUS MATERIALS INVENTORY DISCLOSURE STATEMENT **00125 - 3000 N CLYBOURN AVE 34B, BURBANK** January 10, 2005 Page 2

✓ The Facility Information Section

Everyone is required to submit their Facility Information for 2005. This form has been filled out with the information we currently have on file. If there are any blanks, please complete this information. If there are any changes, please cross out the filled in information and write in your new information.

✓ The Hazardous Materials Section

These forms are provided for your convenience to be completed if you have added any new hazardous materials, deleted any hazardous materials, or if there are any changes in quantities or substances to be reported.

These Hazardous Materials Inventory Disclosure forms are currently part of a Consolidated Permit Package issued by the Los Angeles County Certified Unified Program Agency (LACoCUPA). Please carefully read the instructions, complete the appropriate forms, and sign where indicated. Return ORIGINAL forms to the Burbank Fire Department by March 1, 2005. Failure to submit a properly completed inventory or annual re-certification statement by the due date could result in civil penalties. A self-addressed envelope is enclosed for your convenience. BE SURE TO RETAIN A COPY FOR YOUR RECORDS.

You can now request the Hazardous Materials and the Consolidated Contingency Plan forms to be sent to you by Email. These forms can be completed on your computer by using Microsoft Word. If you have any questions or if we can be of any assistance, please contact the Fire Prevention Bureau at (818) 238-3475.

Thank you for your cooperation.

Rick Mehling Chief of Fire Department

Devin Burns, Hazardous Materials Specialist

RM:DB:md



BURBANK FIRE DEPARTMENT HAZARDOUS MATERIALS DIVISION.

311 East Orange Grove Avenue, Burbank CA 91502-1221

00125

YEAR 2005

HAZARDOUS MATERIALS REPORTING FORMS

Enclosed is your most recent Hazardous Materials Inventory Statement based on the latest information available. Please carefully review it for accuracy. The requirements for submitting a consolidated Contingency Plan have changed (see * on page 1). If you require assistance in completing these forms, please feel free to contact the Burbank Fire Department, Hazardous Materials Division, at (818) 238-3475, Monday through Friday, 9:00 AM to 4:00 PM.

Return to the Burbank Fire Department this Re-Certification Procedure Page signed and dated along with a newly completed and signed Business Activities Form, Business Owner/Operator Identification Form, and any other appropriate and/or requested forms on or before March 1. Failure to complete and return these forms by March 1 may result in fines and penalties. Keep a copy of the entire package for your records. To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the March 1 deadline.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es)

	HAZARDOUS MATERIALS:		
	Delete: If you no longer handle a material on complete a Chemical Description form writing	the Inventory Statement provided, draw of "DELETE" across the form for each m	a line through the discontinued material, and aterial you no longer handle.
	Add: If you are handling materials not previous information on the form (one form per material		Description form and complete all
	Revise/Update: Cross out any errors on the Chemical Description form and complete all it		
区	No Change: There has been no change in the provided along with a newly completed and sign this Re-Certification Procedure page signed a	gned Business Activities Form, Business	ported, return the Inventory Statement we Owner/Operator Identification Form, and
	CONSOLIDATED CONTINGENCY P	LAN:	•
	Change: Mark this Box if you are updating t	he Consolidated Contingency Plan.	
<u>N</u>	No Change: Mark this box if the Consolidat	ed Contingency Plan on file is correct and	i complete.
	REGULATED SUBSTANCE REGISTI	RATION:	
	Regulated Substance Registration: If yo complete the Regulated Substance Registration list of Regulated Substances is attached for ref	on Form. Complete only if substance is a	previously disclosed, you must also it or above threshold Quantity (TQ). A
	HE SUBMITTAL OF THE HAZARDOUS MATE FEDERAL INVENTORY INFORMATION AND		
	A.	NNUAL CERTIFICATION	
CO	certify under penalty of law that I have personall omplete, accurate, and up to date. Also, no hazar Safety Code Chapter 6.95) are being handled th	dous materials subject to the inventory re	quirements of this chapter, (California Health
-	Denn's Connor	DAN FEGER	Dun Fice
		Print Name of Owner/Operator	Signature of Owner/Operator
		3000 N Clybourn Ave 34B Facility/Site Address	
	- myseann 1 (MIII)	i aviity/Dito Audivaa	シはじ

F-M-101 11-04 k:\hazmat\hazmat data\msword\forms for hazmat pkgs\2005\2005 forms for merging\2005 annual recertification.doc



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

00125

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☐ NEW BUSINESS ☐ OUT OF	BUSINESS REVISE/UPI	•	effective //1/05		PAGE 1 OF 2	
	/ I.	IDENTIF:		*		
FACILITY ID# (CUPA #)	AR00076	82	1 BEGINNING DATE	²⁰⁰⁵	ENDING DATE 12/31/2005	101
BUSINESS NAME (Some as FACILITY Bob Hope Airpo	•	3 As)		3 BUSINESS	PHONE 818-840-8840	102
BUSINESS SITE ADDRESS				,L,-,		103
3000 N Clybourn	AVE 34B	10	× STATE	ZIP CODB	·	105
Burbank			CA		91505	
DUN & BRADSTREBT NUMBER			106	SIC CODE (4 DIGIT	*) 4581	107
COUNTY Los Angeles			108	UNINCORPORATE	BD ☐ Yes ☒ No	133a
BUSINESS OPERATOR Dan Feger			109	BUSINESS OPERA	TOR PHONE 818-840-8840	110
	. п.	BUSINES	S OWNER	 	**************************************	
OWNER NAME	* TP 1 1, 01 A		111	OWNER PHONE	242 242 2242	112
OWNER MAILING ADDRESS	rt-Byrbank-Glenda	4- tolstiding	Alrgort Authority		818-840-8840	113
2627 Hollywood	d Way		114 STATE		Z L mp cons	116
Burbank			114 STATE	CA "	3 ZTP CODB 91505	110
	m.	ENVIRO	NMENTAL CONTA	CT		
CONTACT NAME Denn	is Okonner		117	CONTACT PHONE	40-8840	118
CONTACT MAILING ADDRESS	Hollywood U	been			/	119
GITY Burba	-t		120 STATE	A 121	ZIP CODE 91505	122
	IARY- IV.	EMERGE	NCY CONTACTS	<u></u>	CONDARY-	
NAME Dennis O'Conno		123	NAME Len Silve		COTIFFICA	128
TITLE Supervisor, El	nviron montal Comp Nions Officer	France 124 Programs	TITLB		ut Maint	129
BUSINESS PHONE		125	BUSINESS PHONE	ndent Airpo	rt wamt	130
818-840-8840 8	18-729-222	6	818-504-0	777		131
24-HOUR PHONE 818-840-8830			24-HOUR PHONE 818-381-3	8411		
PAGER # 818-529-3510	·	127	РАСБЕР # 818-529-6	726		132
	V		NAL LOCALLY C		NFORMATION	
NUMBER OF EMPLOYEES	10	1336	FEDERAL TAX IDENTIFI	CATION NUMBER 95-3337	732	1330
		MAILING	G/BILLING INFO			
NAME Rurbank-Glonds	le-Pasadena Airpo	1331 r t	CONTACT Dennis C)'Connor	133h PHONE NUMBER 818-840-8	133 <u>.</u>
ADDRESS		133d	CITY	1330 STATE	133f ZIP CODE	133 g
2627 N Hollywoo	u way	A	Burbank		CA 91	วบจ
Certification: Based on my inquiry of the				w that I have personal	y examined and am familiar wit	h the
information submitted and believe the int	•	-	DATE 134	NAME OF DOOR	MENT PREPARER	13
_ DMM Ten	_		1 1		and the second	
NAME OF SIGNER (PRINT)	n.	t:	Denuty	relition	s Otonior Diccher	13
				<u> </u>		



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

00125

YEAR 2005

PAGE 2 OF 2

	I. FACILITY IDENTIF	TCATION	
FACILITY ID # (CUPA #)	AR0007682	EPAID#(Hazardous Waste Only) CAD 980695647	2
BUSINESS NAME (San	ne as Facility Name of DBA-Doing Business As)		3
Bob Hope	Airport		

	II. ACTIVITIES DECLARATION									
	NOTE: Please submit the Business Owner/Operator Identification Form with this Page									
 -	Does your facility	If Yes, please o	complete these pages of the UPCF							
Δ.	HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	Ares □ no 4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESC 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN							
B. f. 2.	UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? Intend to upgrade existing or install new USTs?	XYES NO 5	4UST FACILITY 4UST TANK (one page per tank) 4UST FACILITY 4UST TANK (one per tank) 4UST TANK (one per tank) 4UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)							
3.	Need to report closing a UST?	☐ YES 🔼 NO 7	4UST TANK (closure portion one page per tank)							
C.	ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons?	DES XXXX 8	NO FORM REQUIRED TO CUPA's							
<u>D.</u> 1.	HAZARDOUS WASTE Generate hazardous waste?	YES INO 9	4 EPA ID NUMBER provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form.							
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES NO 10	4 RECYCLABLE MATERIALS REPORT							
3.	Treat hazardous waste on site?	☐ YES NO 11	4 ON-SITE HAZARDOUS WASTE TREATMENT ~ FACILITY 4 ON-SITE HAZARDOUS WASTE TREATMENT ~ UNIT (one page per unit)							
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐YES XNO 12	4 CERTIFICATION OF FINANCIAL ASSURANCE							
5.	Consolidate hazardous waste generated at a remote site?	☐ YES X NO 13	4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION							
6.	Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	YES NO 14	4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION							
E. 1. 2. a.	LOCAL REQUIREMENTS REGULATED SUBSTANCES Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (CalARP)? OTHER REQUIREMENTS Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	□ YES X NO 15a	In addition to Hazardous Materials requirements, complete: 4 REGULATED SUBSTANCE REGISTRATION 4 RISK MANAGEMENT PLAN (when required) 4 Consult local CUPA or PA for added							
ъ.	Required by a CUPA or PA to remaide other information?	U VDS AND 150	reporting requirements.							



HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

☐ HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS Number, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600. Maintain all MSDS on the premises.

DO NOT SUBMIT THE MSDS with the completed inventory.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact the US EPA at (800) 535-0202 or visit the US EPA'S EPCRA website at www.epa.gov/opptintr/tri.

REGULATED SUB	STANCE REGISTRATION FORM
One chemical per page.	Make photocopies as necessary.

☐ REGULATED SUBSTANCE LIST



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION

										. (0	ne page pe	r material per buildin	g or area)
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	ne as FACILITY NAME or	DBA - Doing	Business As)										3
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COMMON NAME	DICER						207	EHS (RS)*			Yes		208
CAS#							209	*16 7110 (1	DC) to ((3/o		Yes		
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HAZARDOUS MATER	IAL TYPE (Check one item	n only)			211	RADIO	OACTI	VR			212 CT	RIES	213
a. PURE PHYSICAL STATE (CI	☐ b. MIXTUR		. WASTE					☐ Yes	<u>A</u> No				
☐ a. SOLID	₽ b. LIQUID		c. GAS		214	LARG	EST C	ONTAINER	1000				215
a. FIRE	ORIES (Check all that app	-	. PRESSU	RE RELE	ASE		d. A	CUTE HE	ALTH		e. CHR	ONIC HEALT	216 TH
AVERAGE DAILY AM	OUNT 217	MAXIMU	M DAILY AMO	UNT	218	ANNU	JAL W	ASTE AMO	UNT	219	STATE	WASTE CODE	220
	000		1000					0			<u>L</u>		
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STORAGE CONTAINE a. ABOVE GRO b. UNDERGRO c. TANK INSIDE d. STEEL DRUM	DUND TANK	CAN CARBOY	NONMETALLI	C DRUM	□ j. □ k.	FIBEI BAG BOX CYLII		_	n. GLASS . PLASS . TOTE . TANK	FIC B	OTTLE	☐ q. RAIL (☐ r. OTHE	
STORAGE PRESSURE	a. AMB	HENT	☐ b. ABOVE	AMBIEN	ſ	□ c.	BEL	OW AMBIE	NT				224
STORAGE TEMPERAT	URB . [] a. AMB	JENT	☐ b. ABOVE	E AMBIEN	Γ	☐ c.	BEL	OW AMBIE	ENT		d. CRY	OGENIC	225
%WT	HAZARDOUS (COMPONE	ENT (For mix	hare or was	te only	7)		EHS (RS)			CAS#	•
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2 230						231	□Y	es []No	232				233
3 234				·············		235	□Y	es 🗌 No	236				237
4 238						239	□Y	es 🔲 No	240				241
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If more hazardous co	omponents are present required information.	at greater t	han 1% by wei	ight if non-	carcino	genic,	or 0.1	% by weig	ht if carc	inoge	nic, attac	h additional she	ets of
	LLY COLLECTED IN	FORMATIO)N										246
If EPCRA, Please Sign	n Here		· · · · · · · · · · · · · · · · · · ·										
(Facilities reporting C	hemicals subject to EPC	CRA reportis	ng thresholds m	ust sign eac	h Chen	rical D	escrip	tion page fo	r each El	CRA	reported	chemical.)	
OFFICIAL USE ONLY	DATE RECEIVED		REVIEWED	BY									

I. FACILITY INFORMATION SECTION

To be completed by all businesses, regardless of program type.

Burbank-Glendale-Pasadera Sopport Authority

Be advised that appropriate signatures must be provided on forms.

This section includes:

□ BUSINESS ACTIVITIES PAGE

Please complete this form first. This will help you to determine which other forms you are required to complete.

BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE

All sections must be completed, including primary and secondary emergency contacts.

CONSOLIDATED CONTINGENCY PLAN

All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.

Facilities with Underground Storage Tanks must also complete Section II (UST Emergency Response and Monitoring Plan).

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory -Chemical Description pages (OES Form 2731) for all submissions. Please number all pages of your submittal. This helps your CUPA or PA Identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) and identifies your facility.
- 2. EPA ID NUMBER If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
- 3. BUSINESS NAME Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA Doing Business As".

 4. HAZARDOUS MATERIALS ONSITE Check the box to indicate whether you have hazardous materials onsite. You have a hazardous material if:
 - it is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have hazardous materials onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as an Emergency Response Plan (i.e. Consolidated Contingency

Plan) and Training Plan. Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.

5. OWN OR OPERATE UNDERGROUND STORAGE TANK (UST) Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

6. UPGRADE/INSTALL UST Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC §25316. If "YES", then you must complete the UST installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.

 UST CLOSURE Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank.
 OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (APST) Check the appropriate box to Indicate whether there are APSTs onsite which exceed the regulatory thresholds. (There is no UPCF page for APSTs.) This program applies to all facilities storing petroleum In aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all APSTs. An aboveground petroleum storage tank (APST) facility with one or more of the following (see HSC §25270.2 (k)) is not subject to this act and is exempt::

A pressure vessel or boiler which is subject to Division 5 of the Labor Code.

- A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC,
- An aboveground oil production tank which is regulated by the Division of Oil and Gas,
- Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

9. HAZARDOUS WASTE GENERATOR Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.

10. RECYCLE Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite

recycler; you do not need to report.

11. ONSITE HAZARDOUS WASTE TREATMENT Check the appropriate box to indicate whether your facility treats hazardous waste onsite. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatment of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility treats hazardous waste onsite, complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages for each unit.

12. FINANCIAL ASSURANCE Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or

claiming an exemption, then complete the Certification of Financial Assurance page.

13. REMOTE WASTE CONSOLIDATION SITE Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" If you are a hazardous waste generator that collects hazardous waste at remote sites and transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC §25110.10. If your facility consolidates

hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.

14. HAZARDOUS WASTE TANK CLOSURE Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on your knowledge of the tank and its contents, the mixture rule, testing of the tank, the listed wastes in 40 CFR 261.31 or 40 CFR 261.32, or inability to remove hazardous materials stored in the tank.

If the closed tank would be classified as hazardous waste, then complete the Hazardous Waste Tank Closure Certification page.

15a. LOCAL REQUIRED INFORMATION: REGULATED SUBSTANCES (RS) Check the box to indicate whether Regulated Substances (RS) are stored onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached Regulated Substance list. If you handle an RS at greater than the threshold quantities then complete the Regulated Substance Registration in addition to forms required under item number 4. 15b. LOCAL HAZARDOUS MATERIALS THRESHOLD Check the appropriate box to indicate if you are subject to reporting hazardous materials at a

level established by your local CUPA or PA. Check with your local CUPA or PA for details.

15c. LOCAL REQUIRED INFORMATION: HAZARDOUS WASTE Check the "yes" box if your facility answered yes to item number 9 and generates hazardous waste. If you checked the "yes" box, complete the Hazardous Waste Generator Form (LA County).

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			·									P	age 1 of
		·	<u>l. F</u>	TIF	CA	TION				············			
FACILITY ID	/A /2	000		82			Ŀ	1	EPA	1D#(Hazardous W 9 8 0693	laste Only) 5647	
BUSINESS	NAME (Same as F	acility Name o	of DBA-Doing	Business As)			•						3
Burbas	nk-Glendal	- Pasade	na Air	post Au	ther	ty-		BA:	<u> Z</u>	26 F	Lope Ai	rport	
	II. ACTIVITIES DECLARATION												
	NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.												
		please su	ubmit the	Business (Owner/								
A. HAZARI	DOUS MATERIA	oes your faci ALS	ility	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Ye	s, pleas	e com	plete	these pages	of the UP I	ORM
Have on site liquids, 500 pliquids in AS extremely habit or handle	(for any purpose) ounds for solids, of is and USTs); or tig zardous substance radiological materi uant to 10 CFR Pa	hazardous ma or 200 cubic fe he applicable e specified in a als in quantitie	et for compre Federal thres 40 CFR Part : es for which a	essed gases (i hold quantity 355, Appendix	nclude for an : A or	×	/ES	□ NO	D 4	INVE	AZARDOUS I ENTORY – CH ONSOLIDATE N (Section I a RAINING PLA	HEMICAL DE ED CONTING nd Site Map(s	ENCY
B. UNDER	ROUND STOR	AGE TANKS	S (USTs)							V US	ST FACILITY		
1. Own o	or operate undergre	ound storage	tanks?			Xi	/ES	□ NO	5	∠US	ST TANK (one)	page per tank)	
2. Intend	to upgrade existir	ng or install ne	w USTs?				/ES	₩ NC	6 (₽ US	ST FACILITY		
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	to report closing a GROUND PETS		ODACETA	MIZO (ACT.)	· · · · · ·	Π,	/ES	X NC	7.	VUS	ST TANK (close	re portion -one p	age per tank)
	r operate ASTs at			INDO (AOTS)									
	tank capacity is gr					X.	ΈS	☐ NC	8 (NO F	FORM REQU	IRED TO CU	PAs
the	total capacity for the	ne facility is gr	eater than 1,	320 gallons?		,		<u> </u>		<u> </u>		i	
	OUS WASTE		•		-							****	-4.46 16
1. Gener	ate hazardous wa	SIO		•		.مد ا		para			PA ID NUMBE page.	=r< - provide	at the top of
	•		• •			יום	ES	□ WC	9	✓ As	s a generator,		
2. Recv	de more than 100	kalmonth of e	voluded or ev	hatamay						and (complete Was	ste Generator	r Form.
	lable materials (pe			tempteu	•	ים	Æ\$	X NC	10	✓ RI	ECYCLABLE	MATERIALS	REPORT
3. Treat	hazardous waste	on site?	•			1		X NC			NSITE HAZA		STE
,	•	*	•			_			,	1	ATMENT – FA NSITE HAZAI		RTF
		•			-	i			•		ATMENT - U		
	ment subject to fin			ents (for		ים	/ES	X NC	12	4	ERTIFICATIO	N OF FINAN	CIAL
	It by Rule and Con solidate hazardou			note site?				7			URANCE EMOTE WAS	TE / CONSO	LIDATION
•		_				۱ L ,	ES	₩ NC) 13	SITE	ANNUAL NO	DTIFICATION	l
	d to report the closerdous waste and			was classified	as	□Y	ES	X NO	14		AZARDOUS \ ITIFICATION	WASTE TAN	K CLOSURE
E. LOCAL	REQUIREMENT	'S				ــــــــــــــــــــــــــــــــــــــ		•		ULIV	THIOATION		15
	ED SUBSTANCES												
	ted Substances (F				shold	١_,		balino	15a		dition to Haz		ials
(Cal ARP) ?	quantities established by the California Accidental Release Program [Cal ARP)?						E5	NO (DX			irements, con egulated Sub:		tration
) OTHER S	✓ Risk Management Plan (when required)												
	EQUIREMENTS Izardous materials	stored on elle	at or above	a threshold ar	nount	╆			15b	V C	onsult local C	IPA or PA f	nr added
establis	hed by a CUPA's o	or PA's local o	rdinance?				'ES	X NO		1	rting requirem		. 44404
). Require	d by a CUPA or PA	A to provide o	ther Informati	on?				• -	15c		- ,		Ómionés\
						<u> </u>	ES	X NO	· -	VW	laste Generat	or Form (LA	COUNTY)
OFFICIAL U	SE ONLY	UP Form	HW	НМ	ARP		AS	Γ	UST		TP	CUPA	PA
		•				:							1

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM Business Owner/Operator Identification (formerly OES Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

- 1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 100. BEGINNING DATE Enter the beginning year and date of the report, (YYYYMMDD, ex. 1999/07/01)
- 101. ENDING DATE Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
- 102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
- 103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
- 104. CITY Enter the city or unincorporated area in which the business site is located.
- 105. ZIP CODE Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
- 106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
- 107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
- 108. COUNTY Enter the county in which the business site is located.
- 109. BUSINESS OPERATOR NAME Enter the name of the business operator.
- 110. BUSINESS OPERATOR PHONE Enter business operators phone number including any extension, if different from the business phone.
- 111. OWNER NAME Enter name of the business owner, if different from the business operator.
- 112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
- 113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
- 114. OWNER CITY Enter the name of the city for the owner's malling address.
- 115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
- 116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
- 117. ENVIRONMENTAL CONTACT NAME. Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
- 118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
- 119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
- 120. CITY Enter the name of the city for the environmental contact's mailing address.
- 121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
- 122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
- 123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 124. TITLE Enter the title of the primary emergency contact.
- 125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
- 126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
- 128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
- 129. TITLE Enter the title of the secondary emergency contact.
- 130. BUSINESS PHONE. Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
- 131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
- 132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
- 133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
- 133b. NUMBER OF EMPLOYEES Enter the number of employees working at your facility.
- 133c. TAX IDENTIFICATION NUMBER (TIN) Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
- 133e. MAILING/BILLING CITY Enter the city for the mailing/billing address.
- 133f. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
- 133g. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digit s in the zip code may also be added.
- 134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
- 135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
- 136. NAME OF SIGNER Enter the full printed name of the person signing the page.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
- 137. TITLE OF SIGNER Enter the title of the person signing the page.

UNIFIED PROGRAM (UP) FORM BUSINESS OWNER/OPERATOR IDENTIFICATION

NEW BUSINESS OUT OF BUSINESS REVISE/UPDATE (EFFECTIVE 9/1/01)	PAGE OF									
I. IDENTIFICATION										
FACILITY ID# 4 R 000 7 6 8 2	1 BEGINNING DATE 100 ENDING DATE 101 1/1/2005 12/31/2005									
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3 BUSINESS PHONE 102									
Business site address	878-840-8840									
3901 San Firnando Pol.										
DUN & BRADSTREET	104 CA ZIP CODE G1352 105									
COUNTY LOS ANGELES	106 SIC CODE (4 digit #) 458/ 107 108 UNINCORPORATED ☐ Yes (20 No 133a.									
BUSINESS OPERATOR NAME	109 BUSINESS OPERATOR PHONE 110									
Dan Feger	618-840-8340									
II. BUSINESS OWNER										
OWNER NAME	111 OWNER PHONE 112									
Burbank-Glendale-Pasadana Airport Au	thorse 818-840-8840									
OWNER MAILING ADDRESS	113									
CITY Burbank	114 STATE CA 115 ZIP CODE 91505 116									
III. ENVIRONMENT										
CONTACT NAME_	<u> </u>									
Dennis Conner	117 CONTACT PHONE 118 8/8-840-8840									
CONTACT MAILING ADDRESS	119									
2627 Hollywood Way										
CITY BURBANK	120 STATE LA 121 ZIP CODE 91505 122									
-PRIMARY- IV. EMERGENCY CO	NTACTS -SECONDARY-									
NAME 1 23	NAME 128									
Len Silvernail	Dan Petrovick									
Superintendent, Airport Maintenance	Maintenance Foreman									
BUSINESS PHONE 8/8-504-0777	BUSINESS PHONE 818 - 504 - 0777 130									
24-HOUR PHONE 9/8-840-8830 / 38/- 34// 126	24-HOUR PHONE 8/8 - 38/-34/2 131									
PAGER# 818-529-6726 127	PAGER# 8/8-529-6706 132									
V. ADDITIONAL LOC	CALLY COLLECTED INFORMATION 133									
	AL TAX IDENTIFICATION NUMBER 133c									
MAILING/ BILLING INFORMATION										
ADDRESS 2627 Hollywood Why 1330 CITY	Burbank 1936 STATE (433) ZIP CODE 1939									
Certification: Based on my inquiry of those individuals responsible for obtaining the examined and am familiar with the information submitted and believe the information.	e information, I certify under penalty of law that I have personally									
	ATE , 134 NAME OF DOCUMENT PREPARER 135									
amm tem										
NAME OF SIGNER (print) NAME OF SIGNER (print) NAME OF SIGNER (print) 136 TITLE OF SIGNER Deputy Executive Director										
OFFICIAL USE ONLY UP Form HW HM ARP	AST UST TP CUPA PA									
INSPECTOR DISTRICT DATE OF INSPECTION D	IVISION BATTALION STATION									

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COVER PAGE

FACILITY IDENTIFICATION									
BUSINESS NAME Bierbank-Glendale-Pasadena Airport Authority,	Bob Horae Air	aurt (Mainten	ance Dest	FACILITY II	D#1				
SITE ADDRESS	103	CITY	104	ZIP CODE	105				
7901 San Fernando Rd.		Sun Valley	2,04	91352					

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732).
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

PLAN CERTIFICATION								
I certify under penalty of law that I have personally examine and to the best of my knowledge the information is accurate	ed and I am familiar with the information provided by this plan, complete, and true.							
Printed Name of Owner/ Operator AUNTON DAN FEGET	Title of Owner/Operator Deputy Executive Director							
Signature of Owner Operator A	Date 9/2/05							

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ON	LY	DATE RECE	IVED	REVI	REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION							
BUSINESS NAME Bob Hope Airport Maintmana Dept. 3 FACILITY ID AROCO 768							
SITE ADDRESS	103	CITY	104	ZIP CODE 105			
7901 San Fernande Rd.		Sun	Valley , CA	91352			
II. EMERGENCY CONTACTS							
PRIMARY			SECONDARY				
NAME Len Silvernach. 12	NAME _		trovick	. 128			
TITLE Superintendent Airport Maintenance	TITLE		ance Foremo	129			
BUSINESS PHONE 12 818-504-0777		PHONE	04-0777	130			
24-HOUR PHONE , 12	24-HOUR F	PHONE	07-0117	131			
818-381-3411 /818-840-8830	24-11001(1	8/8 -32	11-3412/818	-840-8836			
PAGER# 12 8/8-529-6726	PAGER#		29-6706	132			
III. EMERGENCY RESPO	SE PLANS						
A. Notifications			······································	-			
Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call: FIRE/PARAMEDICS/POLICE/SHERIFF PHONE: 911							
AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services. Local Unified Program Agency: (2)3) 978 - 3697 State Office of Emergency Service: (800) 852-7550 or (916) 262-1621 National Response Center: (800) 424-8802							
Information to be provided during Notificat	on:						
Your Name and the Telephone Nu	mber from whe	re you are	calling.				
Exact address of the release or the	•		•	•			
 Date, time, cause, and type of inci- 			spill etc.)				
Material and quantity of the releas	e, to the extent	known.		1			
Current condition of the facility.							
Extent of injuries, if any.				1			
Possible hazards to public health and/ or the environment outside of the facility.							
B. Emergency Medical Facility							
List the local emergency medical facility that will be	used by your	ousiness in	the event of an acc	cident or injury			
caused by a release or threatened release of hazardous material							
HOSPITALICLINIC: St. Joseph Medical Center PHONE NO: 8/8-843-5/11				43- 5111			
ADDRESS: 50/5. By ena Vista St. 718 CODE							
20/3. Byena Vista Jt.		1					
CITY: Burbank, LA			ZIP CODE:				
Burbank, CA 91505							
OFFICIAL USE ONLY DATE RECEIVED	DEFICIAL USE ONLY DATE RECEIVED			REVIEWED BY			
DIV BN STA OTHEI	Die			BA			
DIN JOIN OTHER	DIS	TRICT	CUPA	PA			

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C.	Private Emerge	ncy Res	ponse				
DOES	YOUR BUSINESS H	IAVE A PR	IVATE ON-SITE EMER	GENCY	RESPONSE TEAM?		s 🛮 No
	If yes, provide an a	ttachment t	that describes what pol	cies and	procedures your busin	ess will fo	ollow to notify your
	on-site emergency	response te	eam in the event of a rel	ease or t	hreatened release of ha	ızardous	materials.
CLEA	NUP/DISPOSAL CO	NTRACTO	R				•
		nat will prov	vide cleanup services in	the ever	nt of a release.		•
NAME	OF CONTRACTOR:	0.			PHONE NO);	
ADDR	Ecc.	Patrio	+ Environmenta	Serv	10.25 0	261-2	87-3737
ADDR	E33.	2060	9 Placerita Co	nyon R	L,		
CITY:		· ·	•		I ZIP CODE:		,
		Danta	Clarita, CA		9/3	21-19	20
<u>D.</u>	Arrangements '	With Eme	ergency Résponde	rs		-	
					ny police department, fi		
	arrangements on th		ergency response team	i io coord	linate emergency service	es, descr	ive mose
			" Airport tre	u Dep	it. 15 contract	A VIA	
	•	,	Pro-Tec Fi	n Sei	rvices, LTD	-	
	•	•	21795. On	eida.	54.		
	•		Green Bay,	WI	54304	•	
			0,007, 2, 77				
E.	Evacuation Plan	η					
1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):							
C.	inf i						
				I X Pub	lic Address System 🗖	Intercom	
XI Pag	gers 🂢 Portable Ra	dio 🔟 Oth	er (<i>specity):</i>			,	•
0 [7]	*		1 11	5 1111	· · · · · · · · · · · · · · · · · · ·		
2. 🗀 8	vacuation map is pro	minentiy di	splayed throughout the	facility.			
3-8(1	ndividual(s) responsib	le for coord	linating evacuation incl	ıding spr	eading the alarm and c	onfirming	the business has
been e	vacuated:	reart Of	perations				
		, , , , ,	,				
					·	•	
<u> F</u>	Earthquake Vul				•		
			ere releases could occu earthquake related grou		d require immediate ins	pection o	r isolation
ÌST			Materials Storage Area		Production Floor	D -	Process Lines
	Bench/ Lab		Waste Treatment	Ĭ	Other:		7 100000 200
-	20110111 200				O11101.	•	·
-	Identify mechanical	systems w	here releases could occ	ur or wor	uld require immediate in	spection	or isolation
	Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.						
	Utilities	12 (Sprinkler Systems		Cabinets		Shelves
	Racks	-8	Pressure Vessels	- 3	Gas Cylinders	-A	Tanks
M	Process Piping	M	Shutoff Valves		Other:	•	

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G.	Emergency Procedures						
	Briefly describe your business standard operating procedures in the event of a release or threatened release of						
hazardous materials: Airport Operations Comm. Ctr. is called to initelate res							
1.	PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials						
present	at your facility. What actions would your business take to prevent these hazards from occurring? You may						
Include	a discussion of safety and storage procedures. Closed or covered storage and						
	5-econdary contamment.						
property	MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate to a leak, spill, fire, explosion, or airborne release at your business? The dirport whileses						
,	Dill Prevention Control & Countain measures (SPCC) glan that specifics						
	tainment Via booms and dosorbent, and scrondary containment via						
5/0	rasy, barms and enstreered surface designs.						
	ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you he complete process of stopping a release, cleaning up, and disposing of released materials at your facility?						
The	arrest implays Tait Environmental Services For abovement consulting						
	I major event response and remediation.						

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

	EMERGENCY EQUIPME		
1.	2.	3.	4.
Equipment	Equipment		
Category	Туре	Location *	Description**
Personal	☐ Cartridge Respirators		
Protective,	☑Chemical Monitoring Equipment (describe)	UST-Bla	\$ 33 Continuous tank monitor/alarm
Equipment,	Chemical Protective Aprons/Coats		<u>, , , , , , , , , , , , , , , , , , , </u>
Safety	Chemical Protective Boots	-	<u> </u>
Equipment,	★Chemical Protective Gloves		
and Single Aid	☐ Chemical Protective Suits (describe)	,	
First Aid	☑Face Shields		
Equipment	First Ald Kits/Stations (describe)		
•	**E Hard Hats	Various l	ocations at Mointenance of Fire Dept's
	☑Plumbed Eye Wash Stations	<u> </u>	
	Portable Eye Wash Kits (i.e. bottle type)		
	☐ Respirator Cartridges (describe)		
	Safety Glasses/Splash Goggles		
	Safety Showers		
	Self-Contained Breathing Apparatuses (SCBA)		
	Other (describe)		·
Fire	Automatic Fire Sptinkler Systems	<u> </u>	
Extinguishing	Fire Alarm Boxes/Stations		Various locations Facility-wide
Systems	Fire Extinguisher Systems (describe) for fab	Le unit	
•	Other (describe)	7	
Spill	Absorbents (describe) - "Kiffy lifter"	- various	locations facility wide
Control	Berms/Dikes (describe) - Curbrug & de	areston 6	AST / Waintmance hard
Equipment	☐ Decontamination Equipment (describe)		
and	☐ Emergency Tanks (describe)		
Decontamination	Exhaust Hoods		
Equipment	Gas Cylinders Leak Repair Kits (describe)		
	Neutralizers (describe)		
•	Overpack Drums		
•	☐ Sumos (describe)		
	MOther (describe) - Values @ AST /W	ainterance	yard Enzine and surface depression
Communications	☐ Chemical Alarms (describe)		The property of the state of th
and	Intercoms/ PA Systems		
Alarm	Portable Radios		
Systems	E Telephones	· · · · · · · · · · · · · · · · · · ·	,
•	Underground Tank Leak Detection Monitors	 	
	Other (describe) pagers, cell phone		
Additional	the complete of the brown	<u> </u>	
Equipment			
		1	
		1	
(Use Additional Pages if			

- Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.
- Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

- Familiarity with all plans and procedures specified in the Contingency Plan.
- Methods for Safe Handling of Hazardous Materials.
- Safety procedures in the event of a release or threatened release of a hazardous material.
- Use of Emergency Response equipment and supplies under the control of the business.
- Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- Initially for all new employees.
- Annually, including refresher courses, for all employees,

Note: These training programs may take into consideration the position of each employee,

Additional training should include:

- Internal alarm/notification procedures.
- Evacuation/re-entry procedures and assembly point locations.
- Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING

- Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
- Employees will not handle hazardous wastes without supervision until trained.

TRAINING DOCUMENTATION

The owner or operator must maintain the following documents and records at the facility:

- Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
- Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position.
- Description of type and amount of both introductory and continuing training given to each employee.
- Records that document that the requirements for training or job experience have been met.
- Current employees' training records (to be retained until closure of the facility).
- Former employees' training records (to be retained at least three years after termination of employment).

INTENTIONALLY LEFT BLANK

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION	•.
BUSINESS NAME Rob Man Assert (Manda Tal)	FACILITY ID #1
Bob Hope Airport (Maintenance Deal) SITE ADDRESS 103 CITY 104	AR 000 7682 ZIP CODE 105
7901 San Fernando Ad. Sun Valley, CA	91352
II. MONITORING PLAN AND PROCEDURES	
1. The frequency of monitoring is as follows:	
a. Tank: Continuous	
b. Piping:)	`. ·
2. The methods and equipment (name and model) used for monitoring include:	
a. Tank: Veeder-Root	
b. Piping:	
3. The location (s) where monitoring will be performed include:	4
"Runway vault "/Bla	\$.33
Attach one page plot plan showing: 1. Location of underground storage tanks, buildings, and property lines. 2. Location of monitoring points and the monitoring system is located.	•
4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equip	ment include:
Dan Petrorick	
Dennis Olimer	•
5. The reporting format for all monitoring performed is as follows:	
a. Tank: montply	
b. Piping:	
6. The preventative maintenance schedule for the monitoring equipment is:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Self-dragnostic Feakures & Mspections be	certified tech
7. The training necessary for the operation of UST systems, including piping and monitoring equ	ipment includes:
Alarm Identification & notification	•
Note: Training is scheduled and provided on basis and training records for personnel are kept at the	facility.

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

				MERGENCY R				
1. If an unauth	orized release oc	curs,						
		,	Patriot	Environm.	antal Se	rrices	\$	
			•				•	
2 Agency potis	ications will be r	nodo.	oo datallad	in Castian Lafti	Continue	mara Mi		
responsible for regulations	r Underground S	torag	e Tanks (US	STs) shall be not	ified as requ	uired b	y state and loca	al laws and
Local UST Ager	ocy Burbank	Fire	e Dept.	Phone				
3. The following	g persons are re	spons	ible for aut	horizing work ne	cessary un	der the	e response plan):
Nama	·			* 1().				
Name Len S	Elvernail			Title Sant A	irrest W	1eint	Phor	ne 8-504-077
Name Dan	Estrevick			Supt A Title Mainten	Lange Em		Phor	ne ·
Name	-01101101	·····		Title	wice FO	iene	Phor	3-504-0777 10
					•			
Additional Perso	ons		····					
•	,		•	-		i		
4. The propose	d methods and e	auinr	nent to he i	sed for removin	a and prop	orly die	enacina of haza	rdoue
substances and	d cleanup wastes	s are f	he followin	g:	ig and brob	orly uis	sposing of maza	idous
•	•	•	•	-			,	• *
			Per c	contractual	amorgi	ments	المساحة	-
			Patri	et ENVIYO	m mental.	Sewi	El5	
	;		,	·		•	•	
5. The location	and availability	of the	required cl	eanup equipmer	nt listed in it	tem #4	is as follows:	
;			•				•	
	•		per	- Potriot B	TW by orune	ental:	Services	
					÷			
6. The maintena	ance schedule fo	r the	cleanup eg	uipment is as fo	llows:			
								
			nes	Postriot D	Wironas	ontal	Securities	
				Postriot E -sites age 1	,	1	. 0(00-)	
	· · · · · · · · · · · · · · · · · · ·		(on	-sites are i	nspecte	d per	ricourcally)	
7. Additional in	formation:			,		•		
					•			
OFFICIAL USE ON	LY	,	DATE RECE	IVED		REVIE	WED BY	
DIV	RN	STA		OTUED:	DISTRICT		CLIDA	l DA

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities (generally those with complex and/or multiple buildings) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

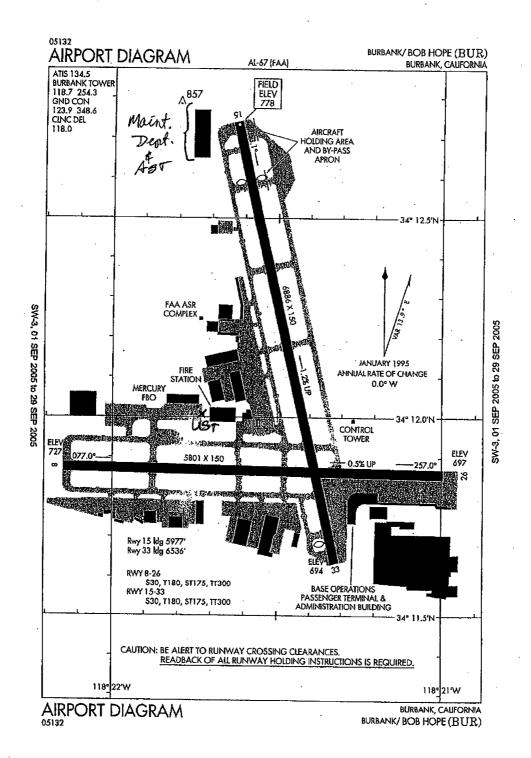
- 1. Site Plan: This drawing shall contain, at a minimum, the following information:
 - a. Site Orientation (north, south, etc.);
 - b. Approximate scale (e.g. "1 inch = 10 feet".);
 - c. Date the map was drawn;
 - d. Locations of all buildings and other structures;
 - e. Parking lots and internal roads;
 - f. Hazardous materials loading/unloading areas;
 - g. Outside hazardous materials storage or use areas;
 - h. Storm drain and sanitary sewer drain inlets;
 - i. Wells for monitoring of underground tank systems;
 - j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
 - k. Adjacent property use;
 - I. Locations and names of adjacent streets and alleys;
 - m. Access and egress points and roads.
- 2. Storage Map(s): The map(s) shall contain, at a minimum, the following information:
 - a. General purpose of each section/area within each building (e.g. "Office Area", "Manufacturing Area", etc.);
 - b. Location of each hazardous material/waste storage, dispensing, use, or handling area (e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.). Each area shall be identified by a unique location code number, letter, or name (e.g. "1", "2", "3", "A", "B", "C", etc.);
 - c. Entrances to and exits from each building and hazardous material/waste room/area;
 - d. Location of each utility emergency shut-off point (i.e. gas, water, electric.);
 - e. Location of each monitoring system control panel (e.g. underground tank monitoring, toxic gas monitoring, etc.).

3. Map Legend

Item and/or Description	Location Code (LC)				
·					

SITE MAP

BU	SINESS I	NAME .					***************************************	· .			. 3
SIT	E ADDRI	SS		-			103	CITY		104	ZIP CODE 105
DA ⁻	TE MAP I	DRAWN			MAP#				F	ACILITY ID #	# · 1
	A	В	С	D	E.	F	G	Н	1	J	For Site Map
1	•			·.				-			Scale of MapLoading Areas
2		, ,								1 1	 Internal Roads Storm and Sewer Drains
3										1 1	 Adjacent Property Use Locations and Names of Adjacent Streets and Alleys
4	•							·			 Access and Egress Points and Roads Primary and Alternate Evacuation Routes
5											For Sub-Site Map
6				,							 Scale of Map Location of Each Storage Area Location of Each
7								:			Hazardous Material Handling Area Location of Emergency Response Equipment
8											Scale: 1" =Ft.
9									-		North
10									-		
11											Y X
12											
OFF	FICIAL USE	ONLY	•		DATE RE	CEIVED			F	REVIÈWED BY	
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Burbank-Glendale-Pasadena Airport Authority Department of Public Safety

Police Department-Airport Rescue & Fire Fighting

EST 1977

Edward B. Skvarna Chief of Police

September 6, 2005

Police service and on-site emergency response provided by Burbank-Glendale-Pasadena Airport Authority Police Department.

Contact and response plans are initiated by Airport Operations and coordinated with Airport Fire Department and Burbank Police and Fire Departments. Depending on the nature of an emergency, the Airport Fire Department may be contacted first with additional response measure coordinated with Airport and Burbank Police Departments.

II. HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

☐ HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS#, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact US EPA at (800) 535-0202 or visit US EPA's EPCRA website at www.epa.gov/opptintr/tri.

□ REGULATED SUBSTANCE REGISTRATION FORM

One chemical per page. Make photocopies as necessary.

□ REGULATED SUBSTANCE LIST

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

Hazardous Materials Inventory - Chemical Description
Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.

BUSINESS NAME Enter the full legal name of the business.

200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.

- 201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
- 202. CHEMICAL LOCATION CONFIDENTIAL EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".

203, MAP NUMBER. If a map is included, enter the number of the map on which the location of the hazardous material is shown.

- 204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
- 205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
- 206. TRADE SECRET Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.

State requirement: If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. Federal requirement: If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret Information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.

207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.

- 208. EHS Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
- 209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
- 210, FIRE CODE HAZARD CLASSES. This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
- 211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material; pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.

212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.

213, CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decirnal point to report activity in curies.

214, PHYSICAL STATE. Check the one box that best describes the state in which the hazardous material is handled; solid, liquid or gas.

215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.

216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.

Pressure Release: Explosives, Compressed Gases, and Blasting Agents.

Acute Health (Immediate): Highly Toxic, Toxic, Imtants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure. Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.

Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.

- 217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount:
- 218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
- 219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
- 220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
- 221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
- 222. DAYS ON SITE List the total number of days during the year that the material is on site.
- 223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
- 224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.

 225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
- 226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of
- percentages is available, report the highest percentage in that range. (Report components 2 5 in boxes 230, 234, 238, and 242.)

 227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components In that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
- 228. HAZARDOUS COMPONENTS 1-5 EHS Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
- 229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.) 246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESCRIPTION [One page per market]

							(one page per ma	atertal per build	ing or area)					
□ADD	DELET			-	ING YEAR	2003	- 200	Page /	of /					
DI IOINEOG MANET	C EAOU (75/ 51/		TY INFORMATI	ON					<u> </u>					
BUSINESS NAME (Same as FACILITY NA	AME or DBA – Doing B	Susiness As) -Bold	Hope	Airpor	4			. 3					
CHEMICAL LOCAT		h side of	land	201			ON CONFIDEN		202					
FACILITY ID #	4 R 00	0 768	821		(optional)	203	GRID# (options	al)	204					
	II. CHEMICAL INFORMATION													
CHEMICAL NAME				205	TRADE SE	CRET	☐ Yes	R No	206					
	Diesel				ļ	If Subject to	EPCRA, refer to in	structions						
CAS#	·	<u> </u>	•	207	EHS*			s No	208					
	D CLASSES (Complete i	if required by CUPA)	<u> </u>		I TI ERS IS	res, all al	nounts below	must be in	210					
HAZARDOUS MATERI TYPE (Check one item	AL .	· i··· · · · · · · · · · · · · · · · · 	WASTE 211	RADIOACT	∏VE □Yes	X No	212 CUR	NES	213					
PHYSICAL STATE (Check one item only)	☐ a SOLID		GAS 214	LARGEST	CONTAINER	1100	O gal		215					
FED HAZARD CATEGO (Check all that apply)	ORIES	D b. REACTIVE □ c		SE 🗆 d.	ACUTE HEAL		CHRONIC HEA	LTH	216					
AVERAGE DAILY AMO	DUNT 217	MAXIMUM DAILY AMO	DUNT 218	ANNUAL W	VÁSTÉ AMOU	NT 2	19 STATE W	ASTE CODE	220					
	occal.	13000	oal	· 	0	. 004			222					
UNITS* (Check one item only)	Te GALLONS	6 Db. CUBIC FEET * If EHS, amount mi	c. POUNDS de le cust be in pounds.	d TONS		221	DAYS ON S	5 E:	222					
25 b.	ABOVE GROUND TANK UNDERGROUND TANK TANK INSIDE BUILDING	f. CAN		i . FIBER D j. BAG k. BOX	n.		TTLE q. OTTLE r.							
d.	STEEL DRUM	h. SILO		I. CYLINDI		TANK WAG	ON		223					
STORAGE PRESSUR	E De. AMBIEI	NT D. ABOVE	AMBIENT C	BELOW A	MBIENT				224					
STORAGE TEMPERAT	TURE 🔲 a. AMBIE	NT Db. ABOVE	AMBIENT 🗀 c	BELOW A	MBIENT	d. CRYC	OGENIC		225					
%WT	HAZARDOUS CO	OMPONENT (For mi	xture or waste on	ly)	EHS		C	AS#						
1 226	Dies	el (AST)		227	Yes 🗖 No	228	***************************************		. 229					
2. 230	Diss	e (UST)		231	res 🗆 No	232			233					
3 234		· · · · · · · · · · · · · · · · · · ·		235	Yes 🗌 No	236			· 237					
4 238				239	res 🔲 No	240	·	·	241					
5 242				1 -	∕es □No	244			245					
If more hazardous compo information.	nents are present at greate	rthan 1% by weight if non-c	arcinogenic, or 0.1% by											
Sta. Mgr. @ 818	LLY COLLECTED INF -841-2960; A	and by Aircra	51te overse Ft genrice:	INTI C	group_	West A Vina C	tirlines. wen, war.	818-50	Carr ²⁴ 9/ 24 - 480					
If EPCRA, Please S	302/8/8-500 ign Here Chemicals subject to E	PCRA reporting thres	18 - 504 - 6 holds must sign eac		al Description	n page for e	each EPCRA	reported cl	nemical.)					
OFFICIAL USE ON	LY	DATE RECE	IVED		RE	VIEWED B	· · · · · · · · · · · · · · · · · · ·	-						
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INSTRUCTIONS FOR THE UNFIED PROGRAM (UP) FORM REGULATED SUBSTANCE REGISTRATION

This page is to be completed for a Stationary Source that handles a Regulated Substance (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Extremely Hazardous Substances (EHS)) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Regulated Substance Registration for each Regulated Substance per process. Contact your local agency (CUPA or PA) for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

- 1. FACILITY ID NUMBER: This number is assigned by the CUPA. This unique number identifies your facility.
- 2. EPA ID NUMBER Enter your facility's 12-character EPA identification number.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 106. DUN & BRADSTREET Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.
- 107a PROCESS SIC CODE Enter the specific Standard Industrial Classification Code for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
- 205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).
- 208. EPCRA SECTION 302 The Emergency Planning and Community Right-to-Know Act requires notification of local authorities of the presence of certain Extremely Hazardous Substances listed in 40 CFR 302. 209. If you have a toxic regulated substance above the threshold quantity in a process, you are subject to EPCRA 302 and must check the box marked "yes."
- 209. CAS# Enter the Chemical Abstract Service number for the hazardous material.
- 218a. MAXIMUM DAILY AMOUNT. Enter the maximum amount of hazardous material or mixture containing a hazardous material which is handled in the process at any one time over the course of the year.
- 221a. UNITS IN POUNDS Leave this box blank. Note: All Regulated Substances must be reported in pounds.
- 246a. PROGRAM LEVEL Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
- 246b. NAME OF CORPORATE PARENT COMPANY Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
- 246c. PERSON RESPONSIBLE FOR RMP Enter the name of the person designated as responsible for the RMP.
- 246d. PERSON RESPONSIBLE FOR RMP TITLE Enter the title of the person designated as responsible for the RMP.
- 246e. LATITUDE Enter the degrees of latitude for the business location. Latitude is the degrees north or south of the equator.

 Latitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.
- 246f. LONGITUDE Enter the degrees of longitude for the business location. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps to make this determination. Valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the latitude fits this range.
- 246g. CAA TITLE V State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."
- 246h. OSHA PSM The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. *Note:* This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."
- 246i. LAST SAFETY INSPECTION Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc..) that performed the inspection.
- 246j. PROCESS DESCRIPTION Describe the *process* and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the regulated substances (include process pressures and temperature, and whether it is a raw material or an intermediate). *Note:* Any group of interconnected vessels or separate vessels, located such that a regulated substance could be involved in a potential release, is considered a single process.
- 246k. PRINCIPAL EQUIPMENT List the equipment and/or components used in the process involving the Regulated Substance.
- 246. NAME OF OWNER / OPERATOR The full name of the owner/operator who signed the registration page.
- 246m. TITLE Enter the title of the person signing the page.
- 246n. DATE Enter the date the page was signed.

UNIFIED PROGRAM (UP) FORM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CAI ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME	Bob Hop	e Ar	rport						3
FACILITY ID# A12000	7682	1	EPA ID#	180695647	2	PROC	RAM LEVEL 🗌 1 🕻] 2 🗍 3	. 246a
	RATE PARENT COMP			246	DUN & E	BRADST	REET		106
PERSON RESPONS	SIBLE FOR RMP (Fire	t Name,	Last Name)	246		Fore	men	,	246d
LATITUDE		246e		DE	248f	PRO	CESS SIC		107a
APPENDIX A (EHS)		NO		TITL	E V OPERAT	TING PE	REQUIRE A CLEAN A		246g
5189(PSM) ?	CT TO 29CFR 1910.	119/CCR NO	8 SEC 2	246h LAST SAFET) DATE A	GENCY		•		246i
CHEMICAL NAME	Aceton	2			205	4.10	67-67-	/	209
MAXIMUM DAILY A	MOUNT /60	sal.	remova		218a	POU	NDS ——	· .	221a
PROCESS DESCRI					•		•		246j
Also in c	use: Glyp	hosa	fe-107	for weed a	bateme	nt			
							•		
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PRINCIPAL EQUIPA	/ENT		0 - 1	1		٠,	· · · · · · · · · · · · · · · · · · ·		246k
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				CERTIFICATION					
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OWNER/OPERATO	C3 \$18 \$400	FEG E			NER/OPERA	TOR TI	ILE Executive D		246m
OWNER/OPERATO	R SIGNATURE	wit	ry	DAT	= q/	2/0		· · · ·	246n
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INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM REGULATED SUBSTANCES LIST

	•		KEGULAI	FD 20	R21 ANCE2 FI21			
	CHEMICAL NAME	CAS#	TQ	Listing	CHEMICAL NAME	CAS#	TQ	Listing
		(fbs)		Basis			(lbs)	Basis
	Acetaidehyde	75-07-0	10,000	. 9	Crotonaldehyde (2-Butenal)	4170-30-3		Ь
	* Acetone Cyanohydrin	75-86-5	1,000	9	Cyanogen (Ethanedinitrile)		10.000	f
	Acetone Thiosemicarbazide		1,000/10,000 ¹		Cyanogen Bromide		500/10.000 ¹	'
	Acetylene (Ethyne)	74-86-2	10,000	1	Cyanogen Chloride		10,000	С
				-				C
	Acrólein (2-Propenal)	107-02-8	500	Ь	Cyanogen lodide		1,000/10,000	
	Acrylamide	79-06-1	1,000/10,000	_	Cyanuric Fluoride		100	
	Acrylonitrile (2- Propenenitrile)	107-13-1	10,000	Ь	Cycloheximide	66-81-9	100/10,0001	
	Acrylyl Chloride (2-Propencyl Chloride)	814-68-6	100	b	Cyclohexylamine (Cyclohexanamine)	108-91-8		b
	Aldicarb	116-06-3	100/10,000		Cyclopropane	75-19 -4 .	10,000	· f
	Aldrin	309-00-2	500/10,000 ¹		Decaporane (14)	17702-41-9	500/10,000	
	Allyl Alcohol (2-Propen-1-ol)	107-18-8	1,000	b	Dialifor	10311-84-9	100/10,000 ¹	
	Allylamine (2-Propen-1-Amine)	107-11-9	500	ь `	Diborane	19287-45-7		b
	Aluminum Phosphide	20859-73-4		-	Dichlorosilane (Silane, Dichloro-)	4109-96-0		ť
	Aminopterin	54-62-6	500/10,000 ¹		* Olepoxybutane	1464-53-5	500	•
	Amilion Oxalate		100/10,000		Difluoroethane (Ethane, 1,1-Difluoro-)	75-37-8	10,000	f
	Ammonia, Anhydrous ²					71-63-6	100/10,000	,
	America, Aminyorous	7884-41-7		a,b	Digitoxin			
	Ammonia, Aqueous (conc 20% or greater)	7664-41-7		a,b	Digoxin		5 10/10,000'	
•	* Aniline	62-53-3	1,000	•	Dimethoate	60-51-5	500/10,000	
	Antimycin A	1397-94-0	1,000/10,0001		Dimethyl-p-Phenylenediamine	99 - 98-9	10/10,0001	
	ANTU (1-Naphthalenyithiourea)	86-88-4	500/10,000 ¹		Dimethyl Sulfate	77-78-1	500	
	Arsenic Pentoxide .	1303-28-2	100/10,000 ¹		Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
	Arsenous Oxide (Arsenic Trioxide)		100/10,0001		Dimethyldichlorosilane	75-78-5	500	b
	Arsenous Trichloride	7784-34-1		ь	Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	Ď
	Arsine (Arsenic Hydride)	7784-42-1						ſ
				b	2,2-Dimethylpropane (Propane, 2,2-Dimethyl-		10,000	1
	Azinphos-Ethyl		100/10,000		Dimetilan	644-64-4	500/10,000	
	Azinphos-Methyl [Guthion]	86-50-0	10/10,000		Dinitrocresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000	•
	Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 ¹		Dinoseb	88-85-7	100/10,000	
	Benzenearsonic Acid	98-05-5	10/10,0001		Dinoterb	1420-07-1	500/10,000	
	Benzimidazole,4,5-Dichloro-2-(Trifluoromethyl	1-615-21-2	500/10,000 ¹		Diphacinone	82-66-6	10/10,0001	• • •
•	* Benzotrichloride (Benzoictrichloride)	98-07-7	100		* Disulfoton	298-04-4	500	
	Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chlor				Dithiazanine lodide	514-73-8	500/10,000 ¹	
	6-((((Methylamino)Carbonyl)Oxy)Imino)-,	•			Dithiopluret	541-53-7	100/10,000	
	(1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15074 44 7	7500/10,000 ¹		Emetine, Dihydrochloride	318-42-7	1/10,000	
	Bis(Chloromethyl) Ketone	534-07-6			Endosulfan	115-29-7	10/10,000	
	Bitoscanate		500/10,0001	_	Endothion	2778-04-3		
	Boron Trichloride (Trichloroborane)	10294-34-5		b	Endrin	72-20-8	500/10,000 ¹	
	Boron Trifluoride (Trifluoroborane)	7637-07-2	500	ь	Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
	Boron Trifluoride Compound w/Methyl Ether(1	:1)		•	EPN (Phenylphosphonothioic Acid o-Ethylo-			
	(Boron, Trifluoro (Oxybis (Metane)))- T-4-	353-42-4	1.000	ь	(4-Nitrophenyl) Ester)	2104-64-5	100/10,000	
	Bromadiolone		100/10,000 ¹		Ergocalciferol	50-14-6	1,000/10,0001	
	Bromine	7726-95-6		a,b	Ergotamine Tartrate	379-79-3	500/10,000 ¹	
	Bromotrifluorethylene (Ethene, Bromotrifluoro-			f	Ethane	74-84-0	10,000	f
	1,3-Butadiene	108-99-0		i	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
				· •				
	Butane	106-97-8		•	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
		25167-67-3		f,	Ethyl Ether (Ethane, 1,1'-Oxybls-)	60-29-7	10,000	g
	1-Butene	106-98-9	10,000	1	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	9
	2-Butene	107-01-7	10,000	f	Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
	2-Butene-cis	590-18-1	10,000	f	Ethylamine (Ethanamine)	75-04-7	10,000	f
	2-Butene-trans (2-Butene, (E))	624-64-6	10,000	1	Ethylene (Ethene)	74-85-1	10,000	f
	Cadmium Oxide	306-19-0	100/10,000 ¹		Ethylene Fluorohydrin	371-62-0		
	Cadmium Stearate		1,000/10,0001		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
	Calcium Arsenate		500/10,000		Ethylenediamine (1,2-Ethanediamine)	107-15-3		b
	Camphechlor		500/10,000		Ethyleneimine (Aziridine)	151-56-4		b
•								U
	Cantharidin	56-25-7	100/10,000'		Fenamiphos	22224-9	2-6 10/10,000	
	Carbachol Chloride	51-83-2	500/10,000		Fluenetil	4301-50		
	Carbamic Acid, Methyl-,o-(((2,4-Dimethyl-				Fluorine	7782-41	4 500	, b
	1,3-Dithiolan-2-YL) Methylene)Amino)-		100/10,000'		Fluoroacetamide	640-19-7		
	Carbofuran		10/10,000		Fluoroacetic Acid	144-49-0	10/10,000	
	Carbon Disulfide	75-15-0	10,000	ь	Fluoroacetyl Chloride	359-06-8		
	Carbon Oxysulfide (Carbon Oxide Sulfide (CO	S)) 463-58-		ſ	Fluorouracil	51-21-8	500/10,000	י(
	Chlorine	7782-50-5	100	a,b	Formaldehyde ²	50-00-0	500	b
	Chlorine Dioxide (Chlorine Oxide (CIO2))	10049-04-4		4,5	Formetanate Hydrochloride	23422-5		
	Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f	Fomparanale	17702-5		
				ı				
	Chlormequat Chloride	999-81-5	100/10,000		Fuberidazole	3878-1		
	Chloroacetic Acid	79-11-8	100/10,000'		Furan	110-00		b Nai
	Chloroform	67-66- 3	10,000	þ	Gallium Trichloride	13450-		
	Chloromethyl Ether (Methane, Oxybis(chloro-)	542-88-1	100	ь	Hydrazine	302-01		ь
	Chloromethyl Methyl Ether (Chloromethoxyme	thane) 107-	30-2 100	p.	Hydrochloric Acid (conc 30% or greater)	7647-0	1-0 15,000	d
	Chlorophacinone '		100/10,000 ¹		Hydrocyanic Acid	74-90-		a,b
	1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6		9	Hydrogen	1333-7		f
	2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2		g	Hydrogen Chloride (Anhydrous Hydrochloric A			a
	Chloroxuron			ъ	Hydrogen Cyanide (Hydrocyanic Acid), (Gas)	74-90		
			500/10,000					
	Chromic Chloride	10025-73-7	1/10,000 1		Hydrogen Fluoride/Hydrofluoric Acid (conc 50)			
	Cobalt,((2,2'-(1,2-Ethanediylbis(Nitrilomethylid				(Hydrofluoric Acid)	7664		a,b
	Bis(6-Fluorophenolato))(2-)-N,N',O,O')-		100/10,0001		Hydrogen Fluoride (Anhydrous Hydrofluoric Ar			
	Cobalt Carbonyl	10210-68-1	10/10,0001		Hydrogen Selenide	7783	07-5 10	b.
	Colchicine	64-86-8	10/10,000 ¹		Hydrogen Sulfide	7783	06-4 500	a,b
	Coumaphos	56-72-4	100/10,0001		* Hydroquinone *	123-3		0,000
	Coumatetralyl		500/10,000		Iron, Pentacarbonyl-		, , , , , , , , , , , , , , , , , , , ,	
	o-Cresol	95-48-7	1,000/10,000		(Iron Carbonyl (Fe(CO)5, (TB-5-11)-)	12/8	3-40-6 100	b
	Crimidine							0,000
		535-89-7	100/10,0001	L	Isobenzan	297-		
	Crotonaldehyde ((E)-(2-Butenal,(E))-)	123-73-9	1,000	b	Isobutane (Propane, 2-Methyl)	75-2	3-5 10,000	0 f
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INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

REGULATED SUBSTANCES LIST CHEMICAL NAME CAS# ΤQ Listing CHEMICAL NAME CAS# TQ Listing (lbs) Basis Phorate Phosacetim Phosfolan 298-02-2 4104-14-7 947-02-4 Isobutyronitrite (2-Methylpropanenitrite) Isocyanic Acid,3,4-Dichlorophenyl Ester 78-82-0 1.000 b 100/10,000 102-36-3 500/10.0001 Phosgene (Carbonyl Chloride) (Carbonic Dichloride) 465-73-6 100/10,0001 Isopentane (Butane, 2-Methyl-) 75-44-5 732-11-6 7803-51-2 78-78-4 10,000 10 10/10,000¹ 500 g a,b Phosmet 732-11-8 1
Phosphine (Hydrogen Phosphide) 732-11-8 1
Phosphonolhioic Acid, Melhyl-, S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester Phosphorus Oxychloride (Phosphoryl Chloride)10025-87-3
Phosphorus Penlachloride 779-12-8
Phosphorus Trichloride 779-12-8
Physostigmine 779-12-8
Physostigmine, Salicylate (1:1) 57-84-7
Picroloxin 124-87-8 Isophorone Diisocyanate 4098-71-9 Phosmet 100 Isoprene-(1,3-Butadiene, 2-Methyl-) 78-79-5 10,000 Я Isopropyl Chloride (Propane, 2-Chloro-) 75-29-6 10,000 g Isopropyl Chloroformate (Carbonochloridic Acid.

1-Methylethyl Ester) 11
Isopropylamine (2-Propanamine) 7 9)10025-87-3 10028-13-8 7719-12-2 57-47-8 57-84-7 124-87-8 110-124-50-2 151-50-8 508-81-8 2631-37-0 463-49-0 74-98-6 106-98-7 67-57-8 107-12-0 70-69-9 108-23-6 1,000 75-31-0 10,000 1,000 1,000 100/10,000 100/10,000 500/10,000 1,000 500/10,000 Leptophos 21609-90-5 500/10,000 Lewisite (Chlorovinylarsine Dichloride) 541-25-3 10 Lindane (Hexachlorocyclohexane (Gamma Isomer)) 58-89-9 1,000/10,0001 icrotoxin Picrotoxin Piperdiine Potassium Arsenite Potassium Silver Cyanide Promecarb Propadiene (1,2-Propadiene) Lithium Hydride 7580-67-8 100 Malononitrile 109-77-3 500/10,000¹ 100 500 500/10,000 anyl 12108-13-3 100 1800-27-7 500/10,000¹ 7487-94-7 500/10,000¹ 21908-53-2 500/10,000¹ * Manganese, Tricarbonyl Methylcyclopentadlenyl 12108-13-3 Mercuric Acetate 1800-27-7 500 10,000 10,000 10 Propadiene (1,2-Propadiene)
Propane
Propane
Propangyl Bromide (3-Bromopropyne)
bela-Propiolactone
Propionitirile (Propanenitrile)(Ethyl Cyanide)
Propiophenone, 4-AminoPropyl Chloroformate
(Carbonochloridic Acid, Propylester)
Propylene (1-Propene)
Propylene (1-Propene)
Propylene imine (2-Methylaziridine)
Propyne (1-Propyne)
Prolificate
Pyrene Mercuric Chloride Mercuric Oxide Methacrylonitrile (Methylacrylonitrile) รักก 126-98-7 500 920-46-7 100 30674-80-7 100 10265-92-8 100/10,000¹ 74-82-8 1,000 950-37-8 500/10,000¹ 16762-77-5 500/10,000¹ 151-38-2 500/10,000¹ 151-38-2 10,000 563-46-1 10,000 563-46-1 10,000 74-83-9 1,000 74-87-3 10,000 Methacrylonlitile (Methylacrylonit (2-Methyl-2-Propenenitrile) Methacryloyl Chloride Methacryloyloxyethyl Isocyanate Methandidophos Methane Methanesulfonyl Fluoride Methianesulfonyl Fluoride Methiccarb (Mercaptodimethur) 500 100/10,000¹ b 109-81-5 115-07-1 75-56-9 75-55-8 74-99-7 2275-18-5 129-00-0 504-24-5 1124-33-0 53658-25-1 500 10,000 10.000 Methidathion 550-37-8
Methidathion 57-38-2
Methidathion 57-38-2
Methidathion 18752-77-8
Methoxyathylmercuric Acetate 151-38-2
-Methyl-1-Butene 583-48-2
-Methyl-1-Butene 583-48-2
-Methyl-2-Chloroacrylate 80-63-7
Methyl Bromide (Bromomethane) 74-83-9
Methyl Chloroformate (Sromomethane) 74-87-3
Methyl Chloroformate (Carbonochloridic Acid, Mathyl Ester) 79-22-1
Methyl Ether (Methane, Cybls-) 115-10-8
Methyl Formale (Formic Acid, Methyl Ester) 79-23-1
Methyl Hydrazine 60-34-4
Methyl Hydrazine 60-34-4
Methyl Prosphonic Dichloride 66-80-7
Methyl Parathion (Parathion Methyl) 298-00-0
Methyl Parathion (Parathion Methyl) 298-00-0
Methyl Prosphonic Dichloride 678-97-1
Methyl Prosphonic Dichloride 78-94-4
Methyl Methyl Prosphonic Thiocyanic Acid, Methyl Ester 502-39-8
Methyl Ster 78-94-4
Methylmercunc Dicyanamide 78-94-4
Methylmercunc Dicyanamide 78-94-4
Methylmercunc Dicyanamide 78-94-4
Methylirichlorosilane (Trichloromethylsilane) 75-79-8
Mexacarbate Metocorotophos 6923-22-4
Menocrotophos 10,000 10,000 1,000/10,000¹ 1,000/10,000¹ 500/10,000¹ Pyrene Pyridine, 4-Amino-Pyridine, 4-Nitro-, 1-Oxide Pyriminii 9 | Pyridine 4-Nitro-, 1-Oxide | 1124-33-0 | Pyrimini | 53558-25-1 | 53659-25-1 | 53659-25-1 | 53659-25-1 | 53659-25-1 | 53659-25-1 | 53670-10 | 107-44-8 | 569-10 | 563-41-7 | 7783-00-8 | 563-41-7 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 503-62-5 | 5 500/10,000 a 10 1,000/10,000¹ 1,000/10,000¹ 10,000 1,000/10,000¹ 500/10,000¹ þ 10,000 10,000 500 500 500 500 100/10,000 a.b 100 8 10/10,000° 100/10,000° 100/10,000° 500/10,000° 100/10,000° 100/10,000° 100/10,000¹ 556-64-9 10,000 b 78-94-4 10 74-89-5 10,000 502-39-6 500/10,000¹ 115-11-7 10,000 75-79-6 500 1129-41-5 100/10,000¹ 315-18-4 500/10,000¹ 50-07-7 500/10,000¹ 5923-22-4 10/10,000¹ 5923-22-4 10/10,000¹ 505-60-2 500 Sodium Selenite
Sodium Tellurite
10102-20-2
Stannane, AcetoxytriphenylStrychnine
Strychnine, Sulfate
Sulfur Dioxide (Anhydrous)
Sulfur Etrafliuoride (Sulfur Fluoride (SF4), (T-4)-7783-80-0
Sulfur Trioxide (Sulfuric Anhydride)
Sulfur Trioxide (Sulfuric Anhydride)
Sulfuric Acid
Tabun (Ethyl Dimethylamidocyanophosphate)
Tellurium Hexafluoride
Tellurium Hexafluoride
Tetramethylalane (Ethene, Tetrafluoro-)
Tetramethylalane (Silane, Tetramethyl-)
Tetramethylalane (Silane, Tetramethyl-)
Tetramethylsilane (Silane, Tetramethyl-)
Tetramethylsilane (Silane, Tetramethyl-)
Thallous Carbonate (Thallium (1) Carbonate)
Thallous Chioride (Thallium Chloride)
Thallous Sulfate (Thallium Matonate)
Thallous Sulfate (Thallium Matonate)
Thallous Sulfate (Thallium (1) Sulfate)
Thiocanbazide
Thiocanbazide
Thiocana, (2-Chlorophenyl)Tilanium Tetractoride (Titanium Chloride
TETAL (Thallium Tetractoride (Titanium Chloride
Tetramethylphenyl)Tilanium Tetractoride (Titanium Chloride f 500 100 100 a,b b a.b Metolcarb
Mexacarbate
Mitomycin C
Monocrotophos
Muscimol (6-(Aminomethyl)-3-Isoxazolol)

'Mustard Gas (2,2'- Dichloroethyl Sulfide)
Nicoline Sulfate
Nitric Acid
Nitric Acid
Nitric Acid
Nitric Oxide (Nitrogen Monoxide (NO))

'Nitrogen Dioxide
Nitrogen Dioxide
'Nitrogen Mustard (Mechlorethamine)
Norbormide
Dieum (Fuming Sulfunc Acid) (Sulfuric Acid,
nixture with Sulfur Trioxide)
Organorhodium Complex (PMN-82-147)
Ouabain
Oxamyi
Ozone
Paraquat Methosulfate
Paraquat (Paraquat Dichloride)
Paris Green (Cupric Acetoarsenite)
Pantadene
Pentadene
Pentane
1,3-Pentadene
Pentane
Pentane
Pentane
Pentane
Pentane
Pentene
Pentene, (E)
Peracelic Acid
Ethaneperoxoic Acid) (Peroxyacetic Acid)
Perchoromethylm ercaptan
Trichloromethylm ercaptan
Trichloromethylm ercaptan 1,000 100 10,000 100 10,000 505-60-2 5 13463-39-3 65-30-5 7697-37-2 10102-43-9 98-95-3 10102-44-0 51-75-2 991-42-4 100/10,0001 g. 500 100/10,000 100/10,000 100/10,000 1,000 1,000 100 10,000 100 10 100/10,000 100/10,000° 100/10,000° 1,000/10,000° 1,000/10,000° 100/10,000° 100/10,000° 8014-95-7 MIXTURE 630-80-4 23135-22-0 10028-15-8 2074-50-2 10,000 10/10,000' 100/10,000' 100/10,000' 100 10/10,000' 10/10,000' 500/10,000' 500/10.0001 Titanium Tetrachloride (Titanium Chloride (TICI4) (T-4) 10028-15-8 2074-50-2 1910-42-5 12002-03-8 19824-22-7 2570-28-5 504-80-9 109-88-0 109-87-1 646-04-8 7550-45-0 100 Toluene-2,6-Diisocyanate (1,3-Diisocyanato-2-Methylbenzene)⁵ 91-08-7 100 (1,3-Discovariato-z-menyroenzene)*
Toluene-2,4-Dilsocyanate
(2,4-Dilsocyanato-1-Methylbenzene)⁵
Toluene Dilsocyanate (unspecified isomer)
(Benzene,1,3-Dilsocyanatomethyl-)⁶ 584-84-9 500 10,000 10,000 10,000 10,000 26471-82-5 10.000 Triamiphos 1031-47-6 500/10.0001 Trichloro(Chloromethyl)Silane 1558-25-4 100 Trichloro(Dichlorophenyl)Silane 27137-85-5 500 79-21-0 500 b Perchioromethylmercaptan Trichloromethanesulfonyl Chloride) Trichioronata 327-98-0 500 Trichlorosilane (Silane, Trichloro-) 594-42-3 108-95-2 4418-66-0 64-00-6 58-36-6 10025-78-2 10,000
 Trichloromethañesulfonyl Chloride)
 594-42-3
 500

 henol
 108-95-2
 500/10,000¹

 henol, 2,2'-Thiobis(4-Chloro-8-Methyl)
 4418-86-0
 100/10,000¹

 henoi, 3-(1-Methyleityl)-, Methylcarbamato
 56-36-6
 500/10,000¹

 henoxersine, 10, 10² - Oxydi-Phenyldichloroarsine
 698-28-8
 500

 Dichlorophenylarsine) (Lewisite Variant)
 698-28-8
 500

 henylhydrazine Hydrochloride
 59-88-1
 1,000/10,000¹

 henylmercury Acatate (Phenylmercuric Acatate) (82-38-4
 500/10,000¹

 henylthiourea
 2097-19-0
 100/10,000¹
 b Triethoxysilane 998-30-1 500 Trifluorochloroethylene (Etnene, Chlorotrifluoro-)
Trimethylamine (Methenamine, N,N-dirnethyl-)
Trimethylamine (Methenamine, N,N-dirnethyl-)
Trimethylolpropane (Chlorotrimethylsilane)
Trimethylolpropane Phosphite
Trimethyllin Chloride 79-38-9 10.000 75-50-3 75-77-4 10,000 100/10,0001 824-11-3 088.45.1 500/10,0001 Triphenyllin Chloride 639-58-7 500/10.000 * Tris(2-Chloroethyl)Amine 555-77-1 100 Valinomycin 2001-95-8 1,000/10,0001

JP Form (1/2000 Full Version)
THE CUPAs OF LOS ANGELES COUNTY

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM **REGULATED SUBSTANCES LIST**

CAS#	TQ (lbs)	Listing Basis
1314-62-1	100/10,000 ¹	
		• •
108-05-4	1,000	b
689-97-4	10,000	f
75-01-4	10,000	a,f
109-92-2	10.000	g
75-02-5		f
107-25-5		i i
75-35-4		9
75-38-7	•	ř
	100/10 0001	
	1314-62-1 108-05-4 689-97-4 75-01-4 109-92-2 75-02-5 107-25-5 75-35-4 75-38-7 81-81-2 129-08-8 28347-13-8 0) 58270-08-1	(lbs) 1314-62-1 100/10,000 ¹ 108-05-4 1,000 689-97-4 10,000 75-01-4 10,000 109-92-2 10,000 75-02-5 10,000 107-25-5 10,000 75-35-4 10,000 75-38-7 10,000 81-81-2 500/10,000 ¹ 129-08-8 100/10,000 ¹ 28347-13-9 100/10,000 ¹

Substances delisted failing physical criteria test and relisted pursuant to health impacts.

These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia,formalin.

Sulfuric acid is a State Regulated Substance only under the following conditions:
a. If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of cleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for cleum is 10,000 pounds.)

If in a container with flammable hydrocarbons (flash point < 73° F).

Hydroquinone is exempt in crystalline form.

The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

Mandated for listing by Congress.

On EHS list, vapor pressure 10 mmHg or greater.

C.

b.

Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents. d.

Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents. e.

f. Flammable gas.

Volatile flammable liquid. g.

IV. HAZARDOUS WASTE SECTION

To be completed by all persons or businesses that generate, treat, store, handle or dispose of hazardous waste.

Be advised that appropriate signatures must be provided on forms.

This section contains

☐ HAZARDOUS WASTE GENERATOR FORM (LA County)

To be completed by businesses which generate wastes classified as hazardous under Federal Law (RCRA or the Resource Conservation Recovery Act) and/or State Law (Chapter 6.5 of the Health and Safety Code).

Note: RCRA hazardous wastes are wastes regulated under Federal and State law, Non-RCRA hazardous wastes (such as waste oil) are wastes regulated only under State law.

The following Hazardous Waste Generator Forms are available upon request:

☐ RECYCLABLE MATERIALS REPORT

This report is submitted every two years to the CUPA or PA by businesses which have recyclable materials excluded from classification as hazardous waste or conduct recycling activities exempted from the State Hazardous Waste Control Law.

ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATIONS

FACILITY INFORMATION (ONE PER FACILITY)

UNIT INFORMATION (ONE PER UNIT)

CESQT (CONDITIONALLY EXEMPT SMALL QUANTITY TREATER) ATTACHMENT

CESW (CONDITIONALLY EXEMPT SPECIFIED WASTE STREAM) ATTACHMENT

CEL (CONDITIONALLY EXEMPT LIMITED) ATTACHMENT

CA (CONDITIONAL AUTHORIZATION) ATTACHMENT

PBR (PERMIT BY RULE) ATTACHMENT

CERTIFICATION OF FINANCIAL ASSURANCE

Note: These forms may apply to hazardous waste generators who conduct onsite treatments eligible for authorization under California's Tiered Permitted program.

- □ REMOTE WASTE CONSOLIDATION SITE ANNUAL NOTIFICATION
- ☐ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR PAGE (LA COUNTY)

The waste generator page is used to identify your generator status and all waste streams generated at your facility.

- FACIL(TY ID NUMBER Leave this blank. The Certified Unified Program Agency assigns this number (CUPA) and identifies your facility.
- EPA ID # If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA". If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 133b. NUMBER OF EMPLOYEES Enter the total number of employees currently working at your facility.
- A. TYPE OF GENERATOR Check the box that most closely apply to your facility.

RCRA GENERATOR Check the box that best describes the amount of Federal listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate hazardous waste regulated under Subtitle C of RCRA (the Resource Conservation and Recovery Act of 1976).

NON - RCRA GENERATOR Check the box that that best describes the amount of California-only listed and regulated hazardous waste generated by your facility. Leave blank if your facility doesn't generate non-RCRA hazardous waste.

Boxes include:

- ◆ Large Quantity Generator (greater than 1000 kg per Hazardous Waste per month)
- Small Quantity Generator (less than 1000 kg per month but greater than 100 kg Hazardous Waste per month)
- ♦ Conditionally Exempt Small Quantity Generator (less than 100 kg Hazardous Waste per month)

Note:

- 1. 1 kg = 2.2 lbs
- For Acutely Hazardous Waste or Extremely Hazardous Waste, facilities that generate greater than 1 kg per month are
 considered Large Quantity Generators and facilities that generate less are considered Conditionally Exempt Small Quantity
 Generators.
- PROCESS Briefly describe all processes that generate hazardous waste(s) at your facility. Example: plating, machining, painting, etc.
- C. WASTE DESCRIPTION Describe the type of waste that is generated from each process listed. Example: heavy metal sludge, waste oil, etc.
- D. WASTE ID List the Waste ID #'s for all RCRA and non-RCRA hazardous waste. Refer to 22 CCR § 66261.126.
- E. AMOUNT PER YEAR List the amount of hazardous waste generated from each separate process in kilograms, pounds, gallons, or tons per year.
- F. STORAGE METHOD Enter the letter that corresponds to the type of storage used at your facility for each of the hazardous waste streams listed.
 - A = Drums
 - B = Underground Tank
 - C = Aboveground Tank
 - D = Waste Pile
 - E = In Process Equipment
- G. DISPOSAL METHOD Enter the letter in the space provided to describe the disposal method used at your facility for each of the hazardous waste streams listed.
 - A = Treatment Onsite
 - B = Treatment Offsite
 - C = Recycle Onsite
 - D = Recycle Offsite
- H. OWNER/OPERATOR NAME Indicate the name of the person who signed the form.
- OWNER/OPERATOR TITLE indicate the title of the person who signed the form.
- J. DATE Indicate the date the form was signed.

UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR PAGE OF BUSINESS NAME: 3 Bob HORE. Airport NO. OF EMPLOYEES: 133b FACILITY ID # EPA ID# CAD980695647 110 NO STANDED FOR NER PLEASE CHECK THE FOLLOWING BOXES THAT APPLY RCRA GENERATOR NON -RCRA GENERATOR (FEDERAL WASTE) (CALIFORNIA WASTE ONLY) $\dot{\Box}$ П LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH) SMALL QUANTITY GENERATOR N 4 (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH) CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH) PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION. **PROCESS** WASTE DESCRIPTION WASTE ID D AMOUNT DISPOSAL STORAGE PER YEAR METHOD METHOD Hydro carbons per varu I certify that the information provided herein is true and accurate to the best of my knowledge. OWNER/OPERATOR NAME OWNER/OPERATOR TITLE OWNER/OPERATOR SIGNATURE DATE OFFICIAL USE ONLY REVIEWED BY DATE RECEIVED **CUPA INSPECTOR** PA DISTRICT

For your convenience:

Copies of the Full and Short Version of the THE CUPAs OF LOS ANGELES COUNTY UNIFIED PROGRAM (UP) FORM and individual pages of the form are available for download at one of the following CUPA or PA web sites:

Los Angeles County Fire Department (http://fire.co.la.ca.us/upforms.htm)



Alan C. Lloyd Ph.D. Agency Secretary Cal / EPA

Department of Toxic Substances Control

1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Arnold Schwarzenegger Governor

Total Yearly Tonnage by Waste Code by ID Number

Selection Criteria:

ID Number

CAD980695647

Entity

GENERATOR

Ship Year:

2004

Sorted by:

Tons Descending

Display:

All

County:

ΛII

Obality

ALL ALL

City:

. .___

Waste Code Selected:

ALL

California Waste Summary:

Ship Year	Waste Code	Tons	Description
2004	352	3.0000	OTHER ORGANIC SOLIDS
2004	461	2.7314	PAINT SLUDGE
2004	481	0.9174	TETRAETHYL LEAD SLUDGE
2004	291	0.8549	LATEX WASTE
2004	212	0.8340	OXYGENATED SOLVENTS
2004	331	0.2875	OFF-SPEC, AGED, OR SURPLUS ORGANICS
2004	134	0.1835	AQ SOL (2 &It: PH&It: 12.5) W ORG RESIDUES &It: 10%
	Totals :	8.8086	•

Non California Waste Summary:

Ship Year	State	Waste Code	Tons
		Totals:	

No Data Found

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

Report Generation Date:

01/25/2005



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

00125

☐ NEW BUSINESS ☐ OUT OF	BUSINESS X REVISE/UPDATE (EF	FECTIVE LIPE 20	106	PAGE <u>1</u> OF <u>2</u>	,
	L IDENTIFIC	, , , -			
FACILITY ID# (CUPA#)	AR0007682	1 BEGINNING DATE	2006	ENDING DATE 12/31/2006	101
	Y NAMB or DBA – Doing Business As)		3 BUSINES	3 PHONE 8188408840	102
BUSINESS SITE ADDRESS		manage of a D	0		103
3000 N Clybour	n Ave #34B 790 / Sala F	STATE	ZIP CODB		105
Burbank Sca	in Valley	CA 106	SIC CODE (4 DIGI	52 91505	107
DUN & BRADSTREBT NUMBER				4581	
COUNTY		108	UNINCORPORAT	®D Yes ⊠ No	133a
Los Angeles BUSINESS OPERATOR		109	BUSINESS OPER	ATOR PHONB	110
Dan Feger	·			8188408840	
	II. BUSINESS		Course Strong		112
OWNER NAME Burb/Glen/Pas	Airport Authority	111	OWNER PHONE	8188408840	
OWNER MAILING ADDRESS 2627 Hollywoo	od Way				. 113
CITY Burbank		ii4 STATE	CA	2IP CODE 91505	116
<u></u>	III. ENVIRON	MENTAL CONTA	ACT		
CONTACT NAME Dennis O'Conn	or	117	CONTACT PHON	® 8188408840	118
CONTACT MAILING ADDRESS 2627 N Hollywo		-			119
Burbank		120 STATE	CA 121	ZIP CODE 91505	122
Secondary -PRI	MARY- IV. EMERGEN	CY CONTACTS		<u> </u>	
NAME	123	NAME Len Silve	1-0		128
Dennis O'Conn	124	TITLE	endent Airp	ort Maint	129
Supervisor Env	vironmental Compliance	BUSINESS PHONE		OIC Manie	130
818-729-2226	126	818-504-0 24-HOUR PHONB	0777		131
24-HOUR PHONE 818-840-8830		818-381-	3411	<u> </u>	
PAGER# 818-529-3510	127	PAGER # 818-529-	6726		132
		VAL LOCALLY C			
NUMBER OF EMPLOYEES	/10	FEDERAL TAX IDENTIF	ICATION NUMBER 95-333		133¢
	MAILING	/ BILLING INFO	RMATION		
NAME BGP Airport A	uthority 1331	CONTACT Dennis	O'Connor	PHONE NUMBER 81884088	40
ADDRESS 2627 N Hollywe	133d	CITY Burbank	133e STAT	E 139f ZIP CODE CA 915	133g 105
ZOZI W HONYW	CERTIFIC	·			· · · · · · · · · · · · · · · · · · ·
Certification: Based on my inquiry of	those individuals responsible for obtaining the information information is true, accurate, and complete.	, I certify under penalty of l	aw that I have person	ally examined and am familiar with	the
	OR OR DESIGNATED REPRESENTATIVE	10/0/01	NAME OF DO	CUMENT PREPARER	135
NAME OR SIGNER (PRINT)		TITLE OF SIGNER	, Depir	CUMENT PREPARER 11'S Olonnor TVE DIVELTO	137
DAN FEGE		Deputy	Execut	we Virecto	



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

00125

YEAR 2006

PAGE 2 OF 2

	L FACILITY IDENTI	FICATION		
FACILITY ID #	AR0007682	1	BPA ID # (Hazardous Waste Only)	2
(CUPA#)	AK0007682		CAD980695647	
BUSINESS NAME (San	ne as Facility Name of DBA-Doing Business As)		_	3
Bob Hope	Airport Airport			

	II. ACTIVITIES DECLARATION						
	NOTE: Please submit the Business Owner/Operator Identification Form with this Page						
	Does your facility	If Yes, please o	omplete these pages of the UPCF				
<u>A.</u>	HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	ĢYES □ NO 4	⁹ 4 HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESC ⁹ 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) ⁹ 4 TRAINING PLAN				
В.	UNDERGROUND STORAGE TANKS (USTs)		"JUST FACILITY				
1.	Own or operate underground storage tanks?	Q YES □ NO 5	[©] 4UST TANK (one page per tank)				
2.	Intend to upgrade existing or install new USTs?	☐ YES ☐ NO 6	"AUST FACILITY				
3.	Need to report closing a UST?	☐ YES ☐ NO 7	PAUST TANK (one per tank) PAUST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) PAUST TANK (closure portion –one page per tank)				
C.	ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	E TEU EE TO	1001 17MAX (closure portion—one page per tank)				
	Own or operate ASTs above these thresholds: any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons?	☑ YES □ NO 8	NO FORM REQUIRED TO CUPA's				
<u>D.</u> 1.	HAZARDOUS WASTE Generate hazardous waste?	⊡ _х увѕ □ № 9	 PA ID NUMBER – provide at the top of this page. As a generator, answer YES to Item E2b and complete Waste Generator Form. 				
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES 🏗 NO 10	"A RECYCLABLE MATERIALS REPORT				
3.	Treat hazardous waste on site?	☐ YES K☐ NO 11	ON-SITE HAZARDOUS WASTE TREATMENT — FACILITY ON-SITE HAZARDOUS WASTE TREATMENT — UNIT (one page per unit)				
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☑ NO 12	ASSURANCE				
5.	Consolidate hazardous waste generated at a remote site?	☐ YES K NO 13	% REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION				
6.	Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	☐ YES KI NO 14	"4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION				
<u>R.</u> 1.	LOCAL REQUIREMENTS REGULATED SUBSTANCES Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (CalARP)? OTHER REQUIREMENTS Have hazardous materials stored on site at or above a threshold amount	☐ YES ➡ NO 15a	In addition to Hazardous Materials requirements, complete: REGULATED SUBSTANCE REGISTRATION ARISK MANAGEMENT PLAN (when required) A Consult local CUPA or PA for added				
۱.	established by a CUPA's or PA's local ordinance?	DE VES TE NO 150	reporting requirements.				



SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN I. FACILITY IDENTIFICATION

BUSINESS NAME	3	FACILITY ID# 1
Beb Hope Airport	·	AR 0007682
SITE ADDRESS 103	CITY 104	ZIP CODE 105
7901 San Fernando Rd.	Sun Valley, CA	91352
II MONITODING DI ANI AND DI	ACEDIMEC	
II. MONITORING PLAN AND P	KUCEDUKES	
1. The frequency of monitoring is as follows:		
> continuous	•	
b. Piping:		
2. The methods and equipment (name and model) used for monitoring include:		•
a. Tank:		
h Phine: V-ecder-Root		
b. Piping:		
3. The location (s) where monitoring will be performed include:		
· · · · · · · · · · · · · · · · · · ·	-linhourn Ave.	
Burbank	-lybourn Ave. CA 91505 33 / "runway v	
Building	33 / "runway v	ault"
Attach one page plot plan showing:	,	
 Location of underground storage tanks, buildings, and property lines. Location of monitoring points and the monitoring system. 		
4. The name(s) of responsible person (s) performing the monitoring and/or maintain	ng the equipment include:	
Dan Petrovick	<u>-</u>	
Dennis OCOnnor		
5. The reporting format for all monitoring performed is as follows:		
a. Tank:		
b. Piping Monthly		
o. Tiping	•	
6. The preventative maintenance schedule for the monitoring equipment is:		
Sulf-diagnostic Features and inspect	tions his certificed	technician.
The state of the s	10.7	
7. The training necessary for the operation of UST systems, including piping and mo		3:
Alarm identification and notification	n	
		<u> </u>

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

Annual

basis, and training records for personnel are kept at the facility.

Note: Training is scheduled and provided on a



SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

III. EMERGENCY RESPONSE PLAN

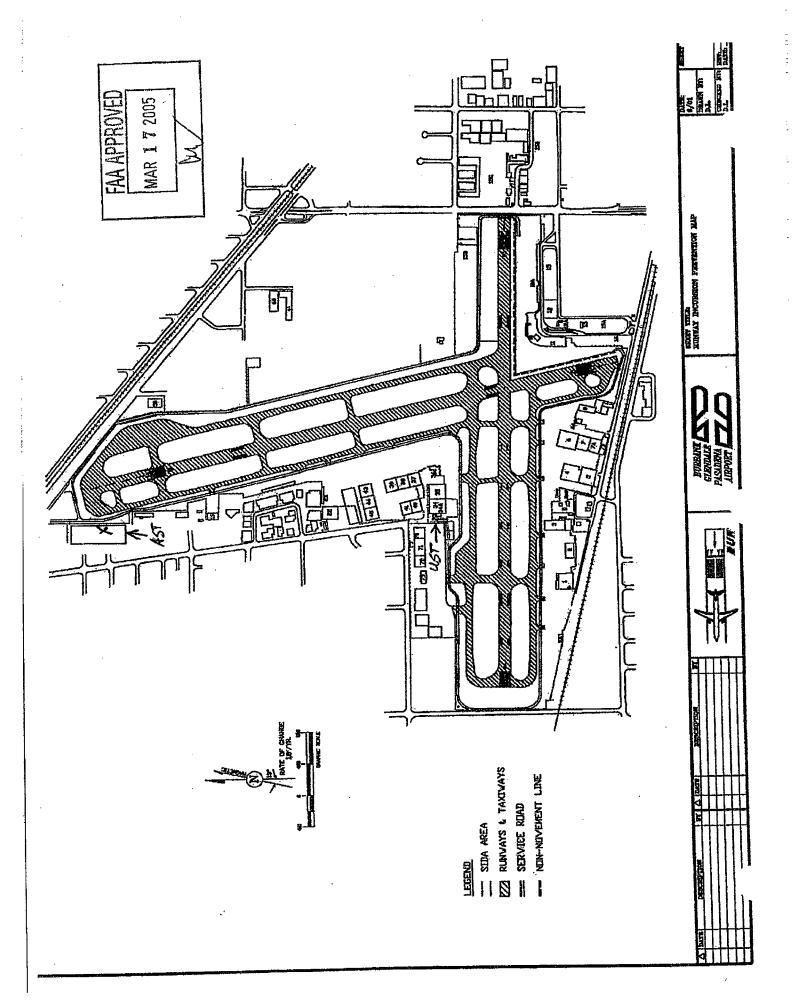
1. If an unauthorized release occurs, hazardous substan		- ·		
Tatriot	BNVIronme	ntal Service	<u> </u>	
Agency notifications will be made as detailed in Section Storage Tanks (USTs) shall be notified as required by			scal agency respon	sible for Underground
LOCAL UST AGENCY Burbank Fire Dep	PHO		38-34 <i>73</i>	
3. The following persons are responsible for authorizing				
NAME 1	TITLE			PHONE
Len Silvemail	TITLE Supt	Airport M	raintenance	818-504-0777 PHONE
NAME Dan Retrovick	TITLE	Airpert M tenance For		PHONE
NAMB	TITLE	THORE FOR	man	8/8-504-0777 PHONE
	1			INONE
ADDITIONAL PERSONS			·	
4. The proposed methods and equipment to be used for the following: **Par contracual arran		_	•	
5. The location and availability of the required cleanup Per Ratrict Environme				
				· · · · · · · · · · · · · · · · · · ·
			,	
	·		·····	· · · · · · · · · · · · · · · · · · ·
6. The maintenance schedule for the cleanup equipment Rev Patriot Environs		rices		•
				· · · · · · · · · · · · · · · · · · ·
			·	····
7. Additional information:				
		•		
	····			
OFFICIAL USE ONLY DATE RECEIVED RE	VIEWED BY			

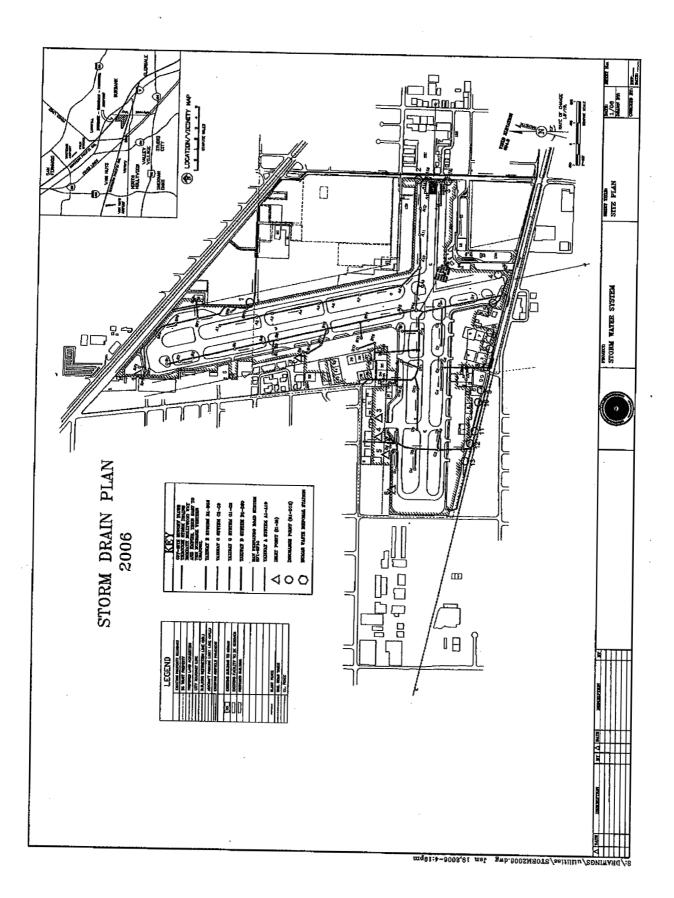
The Airport's Certification Manual was recently updated prior to this filing. An FAA-approved map from the Manual is attached as a site map. Also attached is the current storm drain map.



SITE MAP

EMAP	DR.A	WN	Lep 27 H	, ,	MAP#	.' 		· · · · · · · · · · · · · · · · · · ·	FAC	ILITY ID#	
Α		В	С	D.	E	,F	G	. н	I	J	For Site Map
rty coope	e pivo	<u>ደ</u> ኔ-በነያንማ(ቀነጽ),	4-8847/htt.7%	C. ASSTRUM	esthic, trac	er was je n	6 a	: 1 VARV - 7 NO	kallen og er sine in	्रमाण १९५४, छ। छ।	Scale of Map Loading Areas Parking Lots
S	k	E	\mathbf{AT}	FAY	CHI	ME	NA.	fro		ر عر می	Internal Roads Storm and Sewer Drain Adjacent Property Use Legations and Names of
F	7	A	AH	PC	R	No.7	C			S	Adjacent Streets and Alleys Access and Egress Poir
E		RE	CT	OR	FT. 12851 -1241-184	4ir		t Fice	4		Primary and Alternate Evacuation Routes
	11.4					ya	nu	2/		THE PARTY OF THE P	For Sub-Site Map Scale of Map Location of Each-Stora
pilo Maria salah		E:		Commence of the commence of th					Sea - Sea - Street and	. 1 = 0 100 - 0 - 01	Area Location of Each Hazardous Material Handling Area Location of Emergency
	79 / 90	า และ อุสติสาม (การ (การ	P. 2 - 178*1.10			1	1	2 Y (1)	• •	6/2156	Cocation of Emergency Response Equipment Scale:
arais		भूद्रोतसङ्ग्रह ा । वे , रेक ्ट्रोस		CON		1 ; 5 !3		\$ 1 () \$ 1		7.7.7	P' = Ft.
		المعملىقلىنىنىدى س ^ى خا			· · · · · · · · · · · · · · · · · · ·			of the state of th			North .
		· ·									Y Xo
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Burbank-Glendale-Pasadena Airport Authority Police Department

EST 1977

EDWARD B. SKVARNA Director, Public Safety Chief of Police

January 19, 2006

Police service and on-site emergency response provided by the Burbank-Glendale-Pasadena Airport Authority Police Department.

Contact and response plans are initiated by Airport Operations and coordinated with the Airport Fire Department, the Burbank-Glendale-Pasadena Airport Authority Police Department, the Burbank Fire Department and the Burbank Police Department. Depending on the nature of an emergency, the Airport Fire Department may be contacted first with additional response measures coordinated with Airport and Burbank Police Departments.



CONSOLIDATED CONTINGENCY PLAN SECTION

To be completed by all businesses, regardless of program type.

Be advised that appropriate signatures must be provided on forms.

This section includes:

θ CONSOLIDATED CONTINGENCY PLAN

All regulated businesses must complete the Cover Page, Section I (Business Plan and Contingency Plan), and a Site Map.

Facilities with Underground Storage Tanks must also complete Section II (Emergency Response and Monitoring Plan).

θ SITE MAP



COVER PAGE

For Year

FACILITY IDENTIFICATION

1,7012,71 12,711	- XOILLXOIT	
BUSINESS NAME	3	FACILITY ID# 1
Burbank-Glendale-Pasadena Airport Author	rity-Bob Hope A/P	AR0007682
SITE ADDRESS 103	CITY 104	ZIP CODE 105
7901 San Fernando Road	Sun Valley, CA	91352

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- m Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- W Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state, and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

PLAN CERTIFICATION						
I certify under penalty of law that I have personally examined and best of my knowledge the information is accurate, complete, and tr	I am familiar with the information provided by this plan and to the ue.					
PRINTED NAME OF OWNER OPERATOR 1) AN FEGER	DEDUTY EXECUTIVE DIVECTOR					
SIGNATURE OF OWNER OPERATOR	DATE 02107106					

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY		
OFFICIAL OUG OFFI	DITTE RECEIVED	KE'IL'IL'IL'IL'IL'IL'IL'IL'IL'IL'IL'IL'IL'	1	
	\$		1	
			1	
		<u> </u>		



ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The Contingency Plan shall be reviewed, and immediately amended, if necessary, whenever:

- w the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- w the list of emergency coordinators changes, or
- w the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION

BUSINESS NAME Bob Hope Airport Maintenance Department			3	FACILITY ID# AR0007682	1
site Address 7901 San Fernando Road	103	cmy Sun Valley,	10 CA	ZIP CODE 91352	105

II. EMERGENCY CONTACTS

PRIMARY	SECONDARY		
NAME 123	NAME 128		
Len Silvernail	Dan Petrovick		
TITLE 124	TITLE 129		
Superintendent, Airport Maintenance	Maintenance Foreman		
BUSINESS PHONE 125	BUSINESS PHONE 130		
818 -504-0777	818-504-0777		
24-HOUR PHONE 126	24-HOUR PHONE 131		
818-381-3411 / 818-840-8830	818-381-3412 / 818-840-8830		
PAGER# 127	PAGER#		
818-529-6726	818-529-6706		

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

	TAT . 4.74 . 7
A.	Notifications
C	1.10111101110110

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE / PARAMEDICS / POLICE / SHERIFF

PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency:

(818) 238-3475

State Office of Emergency Service:

(800) 852-7550 or (916) 262-1621

National Response Center:

(800) 424-8802

Information to be provided during Notification:

- w Your name and the telephone number from where you are calling.
- w Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- m Material and quantity of the release, to the extent known.
- w Current condition of the facility.
- w Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC:

St. Joseph Medical Center

ADDRESS:

501 S. Buena Vista Street

CITY:

Burbank, CA

PHONE:

818-843-5111

ZIP CODE:

91505

OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY



SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C Duinata Emagravan Pagnavaa	
C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.	
CLEANUP/DISPOSAL CONTRACTOR List the contractor that will provide cleanup services in the event of a release.	
NAME OF CONTRACTOR	PHONE NO
Patriot Environmental Services	661 -287-3737
ADDRESS 20609 Placerita Canyon Road	
СПУ	ZIP CODE
Santa Clarita, CA	91321-1920
D. Arrangements With Emergency Responders If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or	
local emergency response team to coordinate emergency services, describe those arrangements on the lines below:	
Airport Fire Department, contracted via Pro-Tec Fire Services LTD	
2129 S. Oneida Street	
Green Bay, WI 54304	
E. Evacuation Plan 1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):	
☐ Verbal ☐ Telephone (including cellular) ☐ Alarm System ☐ Public Address System ☐ Intercom ☐ Other (specify):	
2. Evacuation map is prominently displayed throughout the facility.	
3. [X] Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:	
Airport Operations (818-840-8830)	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. X Hazardous Waste/ Hazardous Materials Storage Areas Production Floor X Process Lines Bench / Lab Waste Treatment Other	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. Vitilities	



UNIFIED PROGRAM (UP) FORM CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G.	Emergency Procedures
	Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
	Airport Operations Communications Center is called to initiate
	response
1.	PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
	Closed or covered storage and secondary containment.
2.	MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
	The airport utilizes a Spill Prevention Control & Countermeasures
	(SPCC) plan that specifies containment via booms and absorbent,
	and secondary containment via storage, berms and engineered
	surface designs.
3.	ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
	The airport employs Tait Environmental Services for abatement
	consulting and major event response and remediation.



UNIFIED PROGRAM (UP) FORM CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. EMERGENCY EQUIPMENT

22 CCR, Section 66	5265.52(e) [as referenced by Section 66262.34(following Emergency Equipment Inventory Tab	a)(3)] requires t	that emergency equipment at the facility be listed.
	EMERGENCY EQUIPME		
1. Equip Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	Hard Hats Plumbed Eye Wash Stations Portable Eye Wash Kits (i.e. bottle type) — af Respirator Cartridges (describe) Safety Glasses/Splash Goggles		utinance, Admin. eFc's 4+inants.
Fire Extinguishing Systems	Safety Showers Self-contained Breathing Apparatuses (SCBA) Other (describe) Automatic Fire Sprinkler Systems Fire Alarm Boxes/Stations Fire Extinguisher Systems (describe) - Por tai	ble units;	Sec affachment
Spill Control Equipment and Decontamination Equipment	Absorbents (describe) - "Kithy litter" BO Berms/Dikes (describe) - Curbs and	ontammer able 4 star	to AST's & Maintenance yard florony units; See affachment
Communications and Alarm Systems	Chemical Alarms (describe) Intercoms/ PA Systems Portable Radios Telephones Underground Tank Leak Detection Monitors Other (describe) Pagers Cell phores		mks and fiber aptics
Additional Equipment (Use Additional Pages if Needed.)	ingers, cen proves	wij cress	Tion and Tion and tics

^{*} Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

^{**} Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

	pe Airport Fire Extinguisher Local	Quantity	Unit
Room Number	Location Decompose		
Building 9			
9-217	Hallway Wall Outside Noise Office	1	$\frac{1}{2}$
9-203	Hallway Wall Outside Accounting West	11	2
9-201	Hallway Wall Outside Accounting East	1	3
9-205	Hallway Wall Outside Southwest Office	1	4
9-203	Hallway Wall Outside Alaska Office	1	5
9-205	SWA Office Main Lobby	1	- 6
9-205A	SWA Office Breeakroom	1	7
9-205A	AWA Locker Room Floor 2	1	
9-208 9-103A	Across Hall under Staircase	1	
9-103A 9-103A	Inside JetBlue Baggage Office	1	1
	Outside Office Door in Hallway	1	1
AA Office	Inside AA Office Breakroom	<u> </u>	. 1
AA-Office	AWA Breakroom	1	
9-109	Sky West Office	1	
9-108	Sky West Breakroom	1	
9-107	AWA Offices	1	
9-115	Hallway Outside Office Door	1	
9-117B	Hallway Outside Office Door	1	
9-123	UAL Office	11	
9-125A	UAL Training Room	11	
9-113	SWA Baggage Office	1	
9-101A	OVI) / Daggarg		
Terminal B			
B-111	Inside Doorway Behind DL Ticket Counter	1	
B-111	LIAL Breakroom Behind DL Counter		
Gate B-1	UAL Breakroom inside by Gate B-1		
UAL-BR	UAL Bagroom Outside	11	
UAL-BR	UAL Baggage Service Office	1	
B-102A	UAL Computer Room		
B-165	UAL Storage Room Gate B-2 Ramp	1	
B-167	LIAL Operations Dept. Gate B-2 Ramp		
B-U1	Flec Rm Behind Rental Booth B Bag Claim	1	
DL Ticket	DI Ticket Counter South Wall	1 1	
Gate B-1	Rebind Door at B-Gate TSA exit checkpoint		
UA Ticket	Behind TSA CTX 2500 equip at Counter	1	
UA-Ticket	Nith Wall near street exit outside B Security	1	
TERM B	Tullys Coffee Shop in Backroom	<u></u>	
Gate B-5	Gate B5 in Departure Lounge	1	+
		L	
		·	
		<u> </u>	

Room Number	Location Description	Quantity	Unit :
Terminal A	Passenger / Operations Area		
A-103	Opposite Side of Hall in Cutout	1	. 37
A-154	Paradies Shops Stockroom	1	38
A-154	Hallway outside Paradies Stockroom	1	39
TERM A	Air Hollywood Exterior North Wall	1	40
TERM A	Air Hollywood Interior BAR	1	41
TERM A	Air Hollywood KITCHEN	5	46
A-U16	South Wall by Alaska Ticket Counter	1	47
A-190B	SWA Bagroom 1 inside 1 outside	2	49
A-180D	AWA Office inside Bagroom	1	50
TERM A	TERM A Bagroom 1 East, 1 West Wall	2	52
Gate A-3	SWA Rampside Breakroom between A2-A3	1	53
Gate A-2	SWA Rampside Supervisor Office @ A-2	1	.54
Gate A-5	AWA Rampside Office @ A-5	1	55
E-191	Inside Storage Room at Gate A-9	1	56
Gate A-8	Departure Lounge inside Terminal	1	57
Gate A-6	Red Carpet Area Opposite Dep. Lounge	1	58
TERM A	Red Carpet Area Opposite Chezz Burger	1	59
Gate A-5	Red Carpet Area Opposite Dep. Lounge	1	60
Gate A-4	Red Carpet Area Opposite Dep. Lounge	1	61
TERM A	Tullys Coffee Shop behind Counter	1	62
Gate A-3	Red Carpet Area Opposite Dep. Lounge	<u>_</u>	63
Gate A-3	Restaurant 1-bar, 1-seating, 1-kitchen	3	66
Gate A-2	Red Carpet Area Opposite Smarte Carte	1	67
Gate A-2	North of CNBC Store Along Wall		68
TERM A	Terminal Exit Hallway (To Baggage Claim)		69
TERM A	Term A Security Checkpoint Mens Room	1	70
TERM A	Aviation History Display Case	1	71
TERM A	TSA Bagroom Entry Door Trminal Side	1	72
TERM A	Terminal A Police Station	1	73
TERM A	Skycap Station at Terminal A Entrance	1	74
TERM A	Police Station at Terminal A Main Entrance	3.	77
TERM A	Paradise Bar Back Room	1	78
TERM A	Inside TSA Bagroom along East Wall	1	79
	3		
Terminal A	Airport Authority Offices		
OPS	Hallway Outside Operations Office Door	1	80
PARKING	Inside Central Parking Office	1	
A-300	Outside Door (Stairs to Old Tower)	1	81
A-300	Inside Door (Stairs to Old Tower)	1	82
A-400	Outside OPS Locker Room (Old Tower)	1	
A-505	Hallway (Stairs to Old Tower)		84
TOWER	Inside Old Tower	1	85
A-300	Inside Old Tower Inside Dan Dittmans Workshop	1.	86
A-210	Hallway between Dan and Dios' Office	1	87
A-201	Elevator Lobby by Authority Kitchen	1	. 88
A-R20	Outside Mone Boom by Starrage	11	89
7-1\ZU	Outside Mens Room by Skyroom	1	90

Room Number	Location Description	Quantity	Unit#
Parking Lots			
VALET	Inside Valet Pay Booth	1	91
VALET	Inside Valet key Room	1	92
VALET	Inside Electric Equip. Cage by Valet Office	1	93
VALET	Inside Valet Management Trailer	1	94
RENTAL.	Inside Avis, Alamo, Hertz Rental Car Office	3 .	97
STRUCTURE	16 Total, 4 per Floor along center dividers	16	113
PARK BOOTHS	1 per Booth at 9 Booths Total at All Lots	9	122
Airline Ramp	Equipment and Extinguishers		
TERM A	Large Mobile Units, 1 per Gate 3 at A8	10	132
TERM B	Large Mobile Units 1 per gate 4 at B1	8	140
TERM A	SWA 6 PushBack, 1 AirStart, 2 GPU	9	149
TERM A/B	AWA 5 PushBack, 4 GPU	9	158
TERM B	UAL 2 PushBack, 2 GPU	4	162
TERM B	ATS 2 PushBack, 1 Airstart, 2 GPU, 1 A/C	6	168
Engineering	,		_
ENG	Main Entrance Hallway	1	169
ENG	Outside Kitchen	1	170
ENG	Hallway Near Elevator	1	171
Fuel Farm	1 skubile Stutte Frank Paul and Stiddle	3	174
Fuel Farm	Large Mobile Units Each End and Middle	2	176
Fuel Farm	On Poles at each End of Farm	2	178
Fuel Farm	Non AOA On Poles at each End		170
Maintenance			
MX	2 North / 2 South Covered Storage Area	4	182
MX	Propane Tank	1	183
MX	Diesel Tank Near Sweeper Dump	1	184
MX	Maintenance Main Workshop	6	190
MX	Tool Room, 2 Main,4 Backroom	6	196
MX	Maintenance Room Loft	3	199
MX	Maintenance Office Hallway	1	200
MX	Maintenance Breakroom	11	201
MX .	1 per Maintenance Vehicle approx. 20	20	221
MX	1 Large Mobile Unit by Large Diesel AST	1	222
MX	Stored/Expired/Unuseable Units Covered	13	
MX	Stored/Expired/Unuseable Units Inside	39	
TOTAL USABLE	222	· · · · · · · · · · · · · · ·	
OTAL UNUSABLE			
Grand Total	274		

The deployment of fire extinguishers throughout the facility is supplemented by several installations of fire sprinkler systems in office buildings, maintenance areas and the fuel farm. The installations are continuously monitored, regularly tested and properly maintained.

Terminal Gate Areas

A Gates	Decontamination Showers	Eye Wash Bottles
A-1	1	
A-2		1
A-3		
A-4		1
A-5	•	
A-6		11
A-7	11	
A-8		
A-9	1.	

B Gates	Decontamination Showers		Eye Wash Bottles
B-1			
B-2			
B-3	1 Between B-3 and B-4		
B-4	1 Between B-3 and B-4		
B-5		•	

Maintenance Facility

Yard	Decontamination Showers	 Eye Wash Bottles
Outside	1	 3
Inside		 .4

Fuel Farm Facility

Farm	Decontamination Showers	Eye Wash Bottles
Airside.		4
Landside		. 4

		التناب المبالغات أحمران فسيبرأ فسأنسط فيفعا أوسال فيسان والمتنف المتنبول
TOTAL		18
TOTAL	5	10
,		

Emergency response plans for the release of hazardous materials are no longer required for the Airport's Certification Manual. The information that follows describes the general conditions in which hazardous materials are part of the airport environment. Any release of fuel, oil, hydraulics or other substances is reported to Airport Operations in order to initiate responses and notifications. First responders proceed to the site of any release from Airport Operations (Ops) and Airport Rescue and Firefighting (ARFF). Ops notifies Airport Police and key administrative officers—Environmental, PR and Executive—to assist with appropriate outside contacts such as regulators, press and local/regional governments or representatives.

Part 10. Handling and Storage of Hazardous Substances and Materials (139.321)

10.1 AIRCRAFT CARGO (HAZMAT)

The Authority is not a HAZMAT Agent. However, all air carriers or licensees operating out of the Airport meet the requirement that only designated personnel shall receive and handle hazardous articles and materials.

Designated personnel are those employees who receive annual company training in the handling of hazardous articles and material. A file is maintained by the operator of those receiving the training.

The air carriers and airport tenants have established rules and regulations for their employees to follow when handling hazardous material. Included in these rules are the requirements that:

- The type of material being shipped be declared;
- The material is properly packaged, labeled, and identified;
- The required notices are given to all personnel;
- Only authorized personnel shall handle hazardous material.

10.2 AVIATION FUEL

- 10.2.1 There are currently four (4) entities on the Bob Hope airport handling aviation fuel, however the Authority is not a HAZMAT Agent.
- 10.2.2 Each fueling facility and fuel service vehicles shall be inspected by Airport Fire on a quarterly basis. Upon discovery of any non-complying condition, the fueling agent will be immediately notified in writing of the condition and necessary action. Inspection checklist for fuel service vehicles is included in *Figure 10.1* and fueling facilities in *Figure 10.2*.
- 10.2.3 Initial and recurrent training plan.

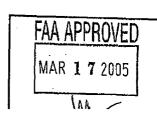


Figure 10.1

Fueling Vehicle Inspection

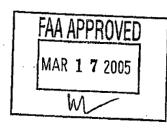
FAA APPROVED
MAR 1 7 2005

Burbank Glendale Pasadena Airport Authority Fire Department Quarterly Fuel Truck Inspection

Vehicle Identification Number:	Owner	
Inspection Codes		
P- Pass F- Fail C- Corrected		• '
Mechanical	Initial	Re-Inspect
1 Exhaust System		· ·
2 Electrical Wiring (Lights/Signals/Horns)	ļ 	
3 Windshield Wipers		
4 Brake System		·
5 Windows/ Glass / Mirrors		
6 Tires		
7 Dome Cover Seal		
8 Emergency Shutoff		
9 Brake / Clutch Pedal Pads	 	
	•	•
Fueling Equipment	· [
1 Bonding / Grounding Cables	·	
2 Hose / Brake / Interlock		
3 Fuel Hose Condition		
4 Deadman Switch		
5 Dust Cover / Fuel Nozzle		
6 Piping / Valves / Couplings		
7 Visible Leaks / Engine & Transmission cleanliness		
Visible Leaks / Eligine & Transmission clearminess		
No. 11 and 12 Taxabanana		
Miscellaneous Equipment		
1 Wheel Blocks / Chocks	 	
2 Fire Extinguisher Location (2 each 20BC)		<u> </u>
		•
Placards / Signs		
1 Fire Extinguisher Locations (2 places)		
2 Emergency Shutoff (1 or more, must be visible from si	de)	
3 Tank Contents (3 Sides)		
		
		
5 No Smoking (4 Places / 1 in cab visible to driver)		
· .		
Personnel Records		
1 Employee Training Records		
2 Fuel Handlers Personnel List		
Remarks		
Lattial Incorporate de Monto	Date	
Initial Inspector's Name	Date	
Re-Inspection Required Yes	No	
Re-Inspection Required Yes	. 110	
	•	
Re-Inspection Completed Yes	No	
The state of the s	•	EAA ADDDOUGD
Re-Inspector's Name	Date	FAA APPROVED
revision date 12/2003	· ·	MAR 1 7 2005
י י י י י י י י י י י י י י י י י י י		
		TAN -

Figure 10.2

Fueling Facility Inspection



Bob Hope Airport

Burbank Glendale Pasadena Airport Authority Fire Department Quarterly Fuel Facility Inspection

Facility				· · · · ·				
Address		-		· 			•	
Laanaatian	Cadaa							
Inspection P- Pass	F- Fail	C- Correcte	ad ·					
r- rass	r-1 an	O- Correcte						
Hazardou	s Material / \	Naste			Initial	Ře	-Inspect	
			within 90 days			Γ		-
		e in proper cor						
		e properly labe				<u> </u>		-
		inment Provid				<u> </u>		
		od Working O				: -		
		round contami						
		ailable on site		•	·	\vdash		
		ste Fuel Tank	at 25%	-				
o one	erground wa	ste i dei sain	at 2570		L	L		•
Dispensir	na .						•	
1 Load	ding Hoses in	good condition	n ·		•			
		proved areas						
		g on Skid Mou				-		
	dman Switch			,		<u> </u>		
	ence of Ignition		•			<u> </u>		
			lung / Inspected)	•		 		
		operly Color C		٠.,		⊢		
	k Vent Functi		, oueu		 	 		
	•		vno.			 		
		of Approved T	ype	•		·		
	a Properly Fe		oro only			· -		
11 Disp	ensing in app	proved contain	iers only		L	L		
Placardin		*		•	•			
	ម toff Switch				[<u></u>		
						⊢		
	Extinguisher		· ·			. -		
	Smoking Sigr	is				<u> </u>		
4 Fue	l Grade		•		L	, –		
Facility								
	per Permits, F	Fuel Storage			· · · · · · · · · · · · · · · · · · ·	Γ-		
	l Handlers Pé				 	 -		
			btain Copy of Tra	ining Lottor	<u> </u>	 		
	sekeeping	ig Recolds (C	blain copy of Tra	ining Letter)	 	<u> </u>		
4 Huu	sekeehing		٠,			لسا		
Remarks:	-							
ivernaiks.								
		i ~~	·			· · · · · ·		
								
·						·····		
Initial Insp	ector's Name	€	•	Date				
-								
Re-Inspec	ction Require	d	Yes	No			EAA ADDD	NVED
	•		· ———				FAA APPE	IUVEU
Re-Inspec	ction Comple	ted	Yes	No				
•	•				•	•	MAR 1 7	2005
Re-Inspec	ctor's Name			Date			i i	
					,		11 A	
Revision Da	ite 12/2003						$\lfloor \rfloor$	



UNIFIED PROGRAM (UP) FORM CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

FACILITY PERSONNEL ARE TRAINED AS FOLLOWS:

	ឃ	Familiarity with all plans and procedures specified in the Contingency Plan.
	$\boldsymbol{\omega}$	Methods for safe handling of hazardous materials.
1	ឃ	Safety procedures in the event of a release or threatened release of a hazardous material.
	W	Use of emergency response equipment and supplies under the control of the business.
1	យ	Procedures for coordination with local emergency response organizations.

TRAINING SHALL BE PROVIDED:

ប	Initially for all new employees.	
. w	Annually, including refresher courses, for all employees.	

Note: These training programs may take into consideration the position of each employee.

ADDITIONAL TRAINING SHOULD INCLUDE:

	យ	Internal alarm/notification procedures.
I	w	Evacuation/re-entry procedures and assembly point locations.
١	$\boldsymbol{\omega}$	Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical
1		to which employees may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption).

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING

ω	Facility personnel will successfully complete training within six months after the date of their employment
	or assignment to a facility or to a new position at a facility.
យ	Employees will not handle hazardous wastes without supervision until trained.

TRAINING DOCUMENTATION

	The c	owner or operator must maintain the following documents and records at the facility:	
	w	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).	
	ច	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position).	
	យ	Description of type and amount of both introductory and continuing training given to each employee.	
,	w	Records that document that the requirements for training or job experience have been met.	
	ω	Current employees' training records (to be retained until closure of the facility).	
	ឃ	Former employees' training records (to be retained at least three years after termination of employment).	

UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR 2 PAGE OF BUSINESS NAME: Bob Hope Airport 133b | EPA ID# FACILITY ID# NUMBER OF EMPLOYEES: CAD980695647 AR0007682 110 1. TYPE OF GENERATOR PLEASE CHECK THE FOLLOWING BOXES THAT APPLY NON RCRA GENERATOR RCRA GENERATOR (CALIFORNIA WASTE ONLY) (FEDERAL WASTE) LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH) SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH) CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (< 100 KG HAZARDOUS WASTE PER MONTH) II. WASTE STREAM IDENTIFICATION PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION. DISPOSAL STORAGE G WASTE DESCRIPTION WASTE ID **AMOUNT PROCESS** PER YEAR METHOD **METHOD** Paint removal Lead Rubber removal Hydrocarbons RATE Asbestos Other activities: Weed control Vehicle Maint. Welding Disposal per Patriot Environmental Services Vehicle Maintenance per United Auto & Truck/ Millennium Waste Services See DTSC attachment for additional information I certify that the information provided herein is true and accurate to the best of my knowledge. OWNER/OPERATOR TITLE OWNER/OPERATOR NAME OWNER/OPERATOR SIGNATURE DATE DATE RECEIVED REVIEWED BY OFFICIAL USE ONLY INSPECTOR

PA

CUPA

DISTRICT

As of this filing, the Airport Authority is completing a transition from lead-based paint to water-based paint for the primary use of runway markings. Certain select areas for safety, security and federal criteria can remain treated by lead-based paint in minor quantities while evaluation for use of water-based paint continues.



Department of Toxic Substances Control

1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Total Yearly Tonnage by Waste Code by ID Number

Selection Criteria:

ID Number

CAD980695647

Entity

GENERATOR

Ship Year :

2005

Sorted by:

Tons Descending

Display:

All

County:

ALL

City:

ÄLL

Waste Code Selected:

ALL

California Waste Summary:

Ship Year	Waste Code	Tons Description
2005	151	4.2140 ASBESTOS-CONTAINING WASTE
2005	212	3.4403 OXYGENATED SOLVENTS
2005	461	3.1275 PAINT SLUDGE
2005	352	0.5500 OTHER ORGANIC SOLIDS
2005	291	0.3962 LATEX WASTE
2005	221	0.1543 WASTE OIL AND MIXED OIL
2005	181	0.1000 OTHER INORGANIC SOLID WASTE
2005	343	0.0900 UNSPECIFIED ORGANIC LIQUID MIXTURE
2005	331	0.0150 OFF-SPEC, AGED, OR SURPLUS ORGANICS
	Totals :	12,0872

Non California Waste Summary:

Ship Year	State	Waste Code	Tons
		Totals:	

No Data Found

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

Report Generation Date:

01/23/2006

Hazardous Materials Training

Burbank Airport

WASTE MANAGEMENT TRAINING PROGRAM

Introduction to Waste Management In California





Waste Management Training

- Agenda
 - Introduction to Waste Management
 - Identification of Hazardous
 - Storage of Hazardous Waste
 - * Transportation of Hazardous Waste
 - * Documentation of Hazardous

 - * Emergency Prevention, Preparedness and Response
 - ASK QUESTIONS ANYTHME!

PUBLIC ATTITUDES ON THE ENVIRONMENT

- p NIMBY "Not in my backyard"
- n NOTE "Not over there either"
- n BANANA "Build Absolutely Nothing Anywhere Near Anything"
- a CAVE "Citizens Against Virtually Everything
- a NOPE "Not on Planet Earth

Environmental Legislation Made Easy

Where you can put it

- CAA don't put anything up the stack
- CWA don't put it out the pipe
- SDWA don't put it in a hole in the ground
- RCRA don't put it anywhere else
- CERCLA if it's already in the ground dig it up

Environmental Legislation Made Easy

What you can do

- NEPA tell us what you're doing before you do it
- OSHA tell us how you are doing it
- HMTA don't even carry it around
- TSCA if it's so bad, don't even make it
- NEPA National Environmental Policy Act OSSIA Occupational Safety and Hanth Act NATA Harmbore Materials Temperation TSCA Topic Schalance Cortes! Act

Acronyms

- BOE State Board of Equalization CALEPA California Environmental Pro CCR California Code of Regulations
- CERCLA (Superfund) Compres Compensation, and Liability Art CFR Code of Federal Regulation

CFM: Code of records neguenous Differ Control DTAC: Department of Tode Scheinzert Control EFA: U.S. Environmental Protection Agency HSC: Health and Satisty Code HWCL: Heardons Wazie Control Law LDR: Lund Dispusal Rasistrictions LDR: Lund Dispusal Rasistrictions ECRA: A Resource Conservation and Recovery Act TSDF - Treatowns Storage Disposal Facility

Laws and Regulations Agencies

- United States **Environmental** Protection Agency (US BPA)
- Batablishes US environmental regulations
- Objective is to protect human health and the environment



Laws and Regulations Agencies

- The Department of Toxic Substances Control (DTSC) of CALEPA is responsible for administering the hazardous waste management program
- Certified Unified Program Agencies (CUPA)
 - A CUPA is the local agency designated by Cal/EPA responsible for implementing the Unified Hazardous Water and Hazardous Materials Management Regulatory Program within the CUPA's jurisdiction.
 - + They receive your Hazardous Materials Buriness Plan

Laws and Regulations Federal

- RCRA Resource Conservation and . Recovery Act of 1976
- 40 CFR 260-282
- Hazardous waste: "Cradle to Grave"
- RCRA also includes universal waste, used oil, and UST regulations

Laws and Regulations

- Objectives of RCRA
 - · Protect human health and the environment
 - · Reduce or eliminate the amount of hazardous waste generated

Laws and Regulations State

- Californía hazardous waste regulation
- + 22 California Code of Regulations (CCR), Sections 66260 to 68400
- California hazardous waste laws
 - California Health and Safety Code Sections 25199 to 25299

Laws and Regulation Penalties and Violations

- Criminal Actions
- Person knowingly violated regulations
- **\$100,000-\$250,000** fine per violation andlor between 3-9 years in jail

Laws and Regulations Penalties and Violations

- Criminal Actions Include
 - · Knowingly transporting waste to a nonpermitted facility
 - Knowingly treating, storing, or disposing of waste without a permit or a violation of a permit or interim status standards
 - · Knowingly emitting information from or making a false statement, on a label, manifest, report, permit, or compliance document

Identification of Hazardous Waste Identify Hazardous Waste

- A hazardous wasto determination must be made on all waste materials
 - + Is it a waste?
- a Is it a fisted waste?
- + Is it a characteristic waste?
- . Is it a non-RCRA waste? + Is it nonhezardous?



Identification of Hazardous Waste Identify Hazardous Waste

- A hazardous waste will be:
- . Listed (on one or more BPA or CA lists)
- + Characteristic
- Ignitable
- Resctive ~ Toxic
- Non-RCRA wastes



Identification of Hazardous Waste Identify Hazardous Waste

- Listed wastes are hazardous regardless of their chemical concentrations

F wastes F001-F039

- concentrations

 + Elist non-specific source
 (SPENT solvents, spent
 plating solutions)

 + K_list specific source (iron
 and steel, refining)
- K wastes K001-K148
- P wastes P001-P205
- Plist off-spec, discarded, and scutely hazardous chemicals
 Ulist off-spec, discarded, and hazardous chemicals
- U wastes U001-U411

Identification of Hazardous Waste Identify Hazardous Waste

- California Non-RCRA or State Only hazardous wastes
- The list of California only wastes (22 CCR 66211, Appendix X) should be consulted when making a waste determination
 - Used oil and PCBs are included
- California category of extremely hazardous wastes (22 CCR 66261.110) are subject to more stringent regulations

Identification of Hazardous Waste Identify Hazardous Waste

- eristic" waste has chemical

properties

* <u>jgridade</u>: liquida with flash point <
140 deg. P. compressed gases, flammable solids (paints, solvents)

* Corrotive; PH of \$2 oc > 12.5,
also tapplies to non-aqueous and
non-liquid castic/acidio cleaning
agents)

* Reactions

D002 = Corresive

- Reactive: unstable, reacts violently with air or water (waste oxygen)
 - D003 = Reactive
- · Toxic: poisonous

D004-D043 (D008 = Lead, D018 = Benyaga, D039 = Tetrachioroethyle

D001 = Ignitable

Identification of Hazardous Waste Identify Hazardous Waste

- m Toxic: poisonous
 - Contains contaminants above the BPA TCLP (Tasket) Charcestricities
 Leaching Procedure) concentrations for 8 metals and 32 organics
 Contains contaminants above the STLC (Solette Theoretical Lane)

 - neutration) of TTLC (field threshold Link Concentration) Contains one or more specific persistent and bioeccumulative toxic substances
 - Shown to pose a hezard to human health or the environment due to its carriogenicity, scuts toxicity, bioaccumulative properties, or persistence

Identification of Hazardous Waste Identify Hazardous Waste

- California hazardous waste codes
- es California waste code must be used in addition to the EPA code
- ≈ For non-RCRA or state only wastes, use California waste code
- ra California waste codes can be found at 22 CCR Appendix XII

Transportation of Hazardous Waste

- Hazardous Waste is a DOT Hazardous Material
- DOT Hazardous Material = a material that has been determined to be capable of posing an unreasonable risk to health, safety and property when transported



Transportation of Hazardous Waste

- · Generator's responsibility to ensure hazardous waste is ready for shipment
- Hazardous waste manifest certification
- HEZATAGOS WASE manifest contraction "I hereby delate that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations."

Transportation of Hazardous Waste

- To ship a hazardous waste.
- the generator must.....
- Classify
- + Package
- o Mark
- Label
- + Placard
- In accordance with the DOT regulations (49 CFR 172)

Transportation of Hazardous Waste



- The basic DOT shipping description consists of
 - hipping Hame: Paint related mai

 - W1263

Transportation of Hazardous Waste



- Shipping name comes directly from the DOT Hazardous Materials Table (49 CFR

 - 172.101)

 Must be written as exactly found in the Table

 "Wars" proceeds the shipping name when the stateful is a weste

 Material listed by same, by chemical family, by usage, by hazard
 - Technical names used with go names

Transportation of Hazardous Waste

- « Hazard classes come directly from the Hazardous Materials
 - Class I Explosives
 Class I Compressed
 Gesses
 Class 3 Flammable
 Liquids

 - Class 4 Other Flammable Materials
 - Chus 5 Oxidizars/ Organio Peroxides
- Chas 6 Poisonous' lefections
 Class 7 Radioactives
- Class B Corrusives
 Class 9 Miscellaneous
 Hazardous
- ORM-D Other Regulated Material, Typo D

Transportation of Hazardous Waste

- M Identification numbers

- Identification numbers ome directly from the Hazardous Materials Table 6 RF United Nations can be slipped internationally and domestically and domestically and domestically accept to and from Casada The 1018 is suffil to have when using the Emergency Response Gridebook (ERO Book)

Transportation of Hazardous Waste



- Packing groups (PG) come directly from the Hazardous Materials Table
- Packing Group I · GREAT DANGER
- Packing Group II

 MEDIUM DANGER
- cking Group III

 MINOR DANGER

Transportation of Hazardous Waste

 Package - hazardous waste must be shipped in only DOT-approved containers with the appropriate identification

Example identification located on an open head steel DOT-approved drum:



1A2/Y1.2/150/96/USA/GSI

Transportation of Hazardous Waste



- Mark provides warnings and identification
- English, legible (clearly printed or typed), and visible
- "Hazardous Waste" and Cal/BPA
- Shipping name, ID#, generator name and address, manifest document number
- · Technical pames, orientation arrows etc.
- Remove other/old labels, etc.

Transportation of Hazardoùs Waste

- Hazardous Waste must be identified with the letters "RQ" (reportable quantity) when
 - It contains a substance in Appendix A of Section 172.101, and
- A package contains a Reportable Quantity or more of that substance

tip://burmsidel.gov/relez.bi.



Accumulation of Hazardous Waste

- All hazardous waste containers
- + Good condition
- DOT approved
- Keep closed
- + Labeled as "Hazardous Waste", contents of the container, hazardous property and physical



Accumulation of Hazardous Waste

- Inspect weekly
- Store 50 feet from property line
- Maintain aiste space
- Waste must be compatible with the container
- · Segregate waste and keep away from incompatible materials

Transportation of Hazardous Waste Hazardous Waste Manifests

- Hazardous Waste Manifests
- + A RCRA legal document Required for all hazardous waste generators
- A "Cradle-to-Grave" tracking device
- Keep and send copies as directed (see back of manifest)
- Must be available on site



Transportation of Hazardous Waste Hazardous Waste Manifests

- Hazardous waste manifest must include
- 24-hour emergency response telephone number
- Other emergency inform
- . Immediate hazards to bealth
- + Risks of fire or expl

- + Procedures in case of fine
- Procedures for spills and looks Profiminary first sid pressures



Transportation of Hazardous Waste Hazardous Waste Manifests

- Sections 1-16 must be complete
 - Section 11a-11d Shipping
 Description (SHIP), "RQ", "Waste",
 technical name, etc.
- Section 12 number of containers and type
- Sections 13 and 14 total quantity and weight/volume.
- DTSC requires that generators provide information the information required by liems A, B, D, F, I, and J



Transportation of Hazardous Waste Hazardous Waste Manifests



- · Only trained waste
- shipping employees can

Transportation of Hazardous Waste Hazardous Waste Manifests

- E California manifest distribution
- · Top (white) sent by TSDF and sent to DTSC
- Second copy (blue) sent to DTSC by generator within 30 days of shipping the waste
- Third copy (yellow) sent to ge nerator by TSDF within 30 days
- · Fourth copy (also yollow) kept by generator on file indefinitely
- The fifth (green) and sixth (also white) are kept by the transporter and the TSDF

Transportation of Hazardous Waste Hazardous Waste Manifests

- Remember the manifest basics: "RCRA"
 - Required legal document under RCRA
 - * Cradle to grave tracking device
 - Retain records
 - <u>A</u>uthorized employees can sign

Transportation of Hazardous Waste Land Disposal Restriction Notifications



- Land Disposal Restriction Notification (LDRs)
 - Accompanies all manifests for hazardous waste
 - Identifies treatment standards that TSDF must follow

Transportation of Hazardous Waste Land Disposal Restriction Notifications

- LDR:
 - Assign the proper waste code(s) the waste
 - · Include the manifest number
- Identify the "Underlying Hazardous Constituents" (UHC) that are present with charact waste codes
- Determine the proper
 "Treatability" group NWW
 (non-warte water) or WW (waste



Documentation of Hazardous Waste Report Hazardous Waste Activity

- Manifest exception reports
- Manifest error reports
 Annual IDS verification
- Bienniel report (due March I of exercism numbered year)
- Source Restretion availation are Review Plan (Finare iben 13 km of hazardous waste in generaled annually
- Contingency Plan



Documentation of Hazardous Waste Report Hazardous Waste Activity

- Exception Report
- · Signed manifest not received from TSDF within 35
- days, generator contacts transporter and/or TSDF

 Signed manifest not received from TSDF within 45 days, submit an exception report to DTSC
 - copy of the manifest, cover letter signed by the generator explaining efforts taken to locate the signed manifest
- No "form" to complete

Documentation of Hazardous Waste Report Hazardous Waste Activity

- Manifest Error Reports
- · If errors are identified on a manifest, changes need to be made on all copies
 - · Letter to Cal/EPA, TSDP, and all transporters
 - · Explain error
- · Send copy of corrected manifest
- a Often the TSDF will complete these for

Documentation of Hazardous Waste Report Hazardous Waste Activity

- Biennial Report (for RCRA waste only)
 - · Submit by March I for the previous year
 - Due each even numbered year (thus 03/01/04 for 2003 hozordous warts activity)
 - · Submit to DTSC

Documentation of Hazardous Waste Report Hazardous Waste Activity



- Annual Verification Fee DTSC collects an annual verification (cs op al) generators, transporters, and TSDFs with 50 or more
- oal Facility Operating

Documentation of Hazardous Waste "Waste Minimization Plan"

- · Source Reduction and Evaluation Plan (SB14)
- Waste Minimization



Documentation of Hazardous Waste Hazardous Waste Contingency Plan

- · Prepare and maintain a writter Contingency Plan
- Forward Plan to the local police and fire departments, hospital, emergency
- Plan must be kept on site



Documentation of Hazardous Waste Hazardous Waste Contingency Plan

- Contingency Plan must include
- Emergency actions and procedures Arrangements made for emergency assistance
- Current list of names, address phone numbers of emergency
- The current telephone i
- the OBS (Governor's Office of E List of facility's emergency
- equipment
 Facility evacuation plan

Documentation of Hazardous Waste Hazardous Waste Contingency Plan



- Implementation of the Plan
- If there is a fire, explosion, or release of hazardous waste that could threaten human health or the environment Make notifications (e.g., OES)
- Submit the Written Activation Report to the CUPA
- Update Plan if it fails or Facility nel or equipment chang

Documentation of Hazardous Waste Hazardous Waste Contingency Plan

- Emergency Coordinate
- · On site or on call
- · Coordinates all emergency
- · Pamiliar with facility.
- Contingency Plan, and w
- Authority to necessary resources
- Makes necessary regulatory and internal notifications



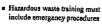
Documentation of Hazardous Waste



- Training Personnel Employees that conduct these activities must be trained on the hazardous waste management
 - Identify determine which

 - Transport prepare hazardous waste for shipment

Documentation of Hazardous Waste Training



- Contingency Plan implementa
- Emergency and monitoring equipment procedures and maintenance

- Incident response · Shutdown of operations



Documentation of Hazardous Waste Training



- · Hazardous waste training delivery
 - · Within 6 months of
 - Wittun o monus of
 striggment
 When facility changes occur
- Employees must be supervised until Initial training is completed

Emergency Prevention, Preparedness, and Response Prevent Emergencies

- Good housekeeping

 - Good housekeeping
 Store wastes away from
 drains, trenches, or creeks
 Keep wastes covered and
 indoors whenever possible
 Flace containers on
 secondary containment
 whenever possible
 Know where drains,
 trenches, or pits discharge



Emergency Prevention, Preparedness, and Response

Prepare for Emergencies

- Equipment and inspections
- Inspect to ensure the Pacifity is prepared and energencies are being
- prevented based maintain for energency equipment largest waste areas to entra areas to entra the managed correctly



Emergency Prevention, Preparedness, and Response

Prepare for Emergencies Know the types of

- emergencies that can occur related to waste handling
- Understand the wastes generated at the Facility and where they are accumulated
- Understand the hazards of the wastes that are general



Emergency Prevention, Preparedness, and Response Prepare for Emergencies

- Know what to do
 - Now what to do
 When a hazardous waste is spilled or released
 When other kinds of wastes are spilled or released
 When other kinds of

 - emergencies occur
 Identify those who are
 properly trained to respond to
 a spill or release



Emergency Prevention, Preparedness, and Response Respond to Emergencies



 Most importantly keep employees safe and only do what you have been trained to do!



June 6, 2006

Mr. Devin Burns
Burbank Fire Department
311 E. Orange Grove Ave.
Burbank, CA 91502

Dear Mr. Burns:

Following the recent filing made for compliance with CUPA requirements under the Consolidated Contingency Plan, the enclosed item offers a review of waste reduction steps that are in force at Bob Hope Airport.

I have placed this page in our copy of the CUPA filing dated February 7, 2006 at the end of Section I of the Business Plan/Contingency Plan, subsections V and VI that respectively cover employee training and hazardous waste generator training. And, I have included a copy of this cover letter.

Sincerely,

Dennis O'Connor

Supervisor, Environmental Compliance

Bob Hope Airport/BUR

ADDENDUM June 6, 2005

This note describes waste reduction efforts as part of the Airport's business plan:

- Conversion from lead-based to water-based paints for facility-wide use.
- Tenant conversions to electric ground service equipment (e-GSE, reducing waste oil).
- Compliance with DTSC requirement to segregate/recycle "household" batteries.
- Collection of toners donated to Burbank Library recycling benefit program.
- Direction to staff, tenants and vendors to return/recycle "e-waste" via approved haulers and retailers.
- Use of "green-tip" fluorescent light bulbs (to reduce "universal waste").



June 12, 2006

Mr. Devin Burns Burbank Fire Department 311 E. Orange Grove Ave. Burbank, CA 91502

Dear Mr. Burns:

Following my recent correspondence concerning waste reduction steps at Bob Hope Airport, the enclosed item was brought to my attention by our consultant.

As I did with the waste reduction review, I have placed this page in our copy of the CUPA filing dated February 7, 2006 at the end of Section I of the Business Plan/Contingency Plan, subsections V and VI that respectively cover employee training and hazardous waste generator training. Furthermore, I have shared this information with our Maintenance Department for the sake of furthering our cause to comply with applicable waste handling measures.

Sincerely,

Dennis O'Connor

Supervisor, Environmental Compliance

Bob Hope Airport/BUR

Enclosure

Laws, Regulation

Pollution P

Managing Hazardous Was

Preventing environments
damage from hazardou
waste, and restoring
contaminated sites for
all Californians.

Public Involver

Cleanup

Science &







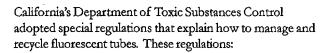
Managing Hazardous Waste

FACT SHEET, January 2005

It is Illegal for Most Firms to Discard Fluorescent Light Tubes in the Trash!

A fluorescent light tube in your dumpster may be a violation of the hazardous waste laws. Violation of these laws can result in large fines and criminal prosecution.

Fluorescent tubes contain mercury and become hazardous wastes when they no longer work. Mercury poses especially serious hazards to pregnant women and small children. Non-working tubes must be recycled by an authorized recycling firm and cannot be discarded in the trash.





- Allow spent fluorescent tubes to be managed as "universal wastes."
- Allow businesses to accumulate spent tubes for up to one year before sending them to a recycling firm.
- Require only informal training for most employees handling spent tubes.
- Allow you to ship spent tubes to a lamp recycler or to transport them to a lamp recycler yourself without using a hazardous waste hauler.
- Require that spent tubes be ultimately recycled by an authorized recycler, not disposed.
- Requires generators to keep some form of documentation to demonstrate tubes were managed properly.

These regulations do not authorize the use of "tube crushers." If you are operating one of these devices, you should contact the Department of Toxic Substances Control regarding permit requirements.

There are a number of resources for further information about recycling spent fluorescent tubes on the Internet.

- The State of California's Universal Waste Rule (including spent mercury lamps) fact sheet can be found at: http://www.dtsc.ca.gov/PublicationsForms/HWM_FS_UWR.pdf
- The California Integrated Waste Management Board's Web site on fluorescent tubes has lots of good information on recycling fluorescent tubes: http://www.ciwmb.ca.gov/WPIE/FluoresLamps/
- The Association of Lighting and Mercury Recyclers home page. This page has
 lots of information about recycling lamps and lists the nation's fluorescent tube
 recyclers: http://www.almr.org/

For more information, contact the DTSC office nearest you, or call the regional Public and Business Liaisons at (800) 72-TOXIC (800-728-6942). From outside California, call (916) 255-3545.

DTSC Headquarters

1001 | Street Sacramento, CA 95814-2828 (916) 323-2678

Sacramento Office

8800 Cal Center Drive Sacramento, CA 95826 (916) 255-3617

Berkeley Office

700 Heinz Avenue Berkeley, CA 94710 (510) 540-3739

Clovis Office

1515 Tollhouse Road Clovis, CA 93611-0522 (559) 297-3901

Glendale Office

1011 North Grandview Avenue Glendale, CA 91201-2205 (818) 551-2830

Cypress Office

5796 Corporate Avenue Cypress, CA 90630 (714) 484-5400

or visit www.dtsc.ca.gov



HAZARDOUS MATERIALS SECTION

To be completed by all businesses that handle hazardous materials and/or regulated substances (including extremely hazardous substances)

Be advised that appropriate signatures must be provided on forms.

This section includes:

o HAZARDOUS MATERIALS INVENTORY FORM - CHEMICAL DESCRIPTION

One chemical per page. Make photocopies as necessary.

CAS Numbers must be provided for each chemical and hazardous component. To obtain the CAS Number, refer to the chemical's MSDS (Materials Safety Data Sheet), or contact the chemical's manufacturer, or the Chemical Abstracts Service at (614) 447-3600. Maintain all MSDS on the premises. DO NOT SUBMIT THE MSDS with the completed inventory.

Facilities reporting chemicals subject to EPCRA (the Federal Emergency Planning and Community Right-to-Know Act) reporting thresholds must sign each page for each EPCRA reported chemical. For more information on EPCRA, contact the US EPA at (800) 535-0202 or visit the US EPA'S EPCRA website at www.epa.gov/opptintr/tri.

- o REGULATED SUBSTANCE REGISTRATION FORM One chemical per page. Make photocopies as necessary.
- o REGULATED SUBSTANCE LIST

INSTRUCTIONS FOR THE UNFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported separately for each building or outside adjacent area, with separate pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

- 1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
- 3. BUSINESS NAME Enter the full legal name of the business.
- 200. ADD/DELETE/REVISE Indicate if the material is being added to the inventory, deluted from the inventory, or if the information previously submitted is being revised.

 NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
- 201. CHEMICAL LOCATION Enter the building or outside/adjacent area where the hazardous material is haudled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25566
- 202. CHEMICAL LOCATION CONFIDENTIAL EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
- 203. MAP NUMBER If a map is included, enter the number of the map on which the location of the hazardous material is shown.
- 204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
- 205. CHBMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
- 206. TRADE SECRET Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not. State requirement: If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. Federal requirement: If yes, and the business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrety" form (40 CFR 350.27) to U.S. EPA.
- 207. COMMON NAME Buter the common name or trade name of the hazardous material or mixture containing a hazardous material.
- 208. EHS (RS) Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS) (RS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS (RS), leave this section blank and complete the section on hazardous components below.
- 209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number, otherwise, I leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
- 210. FIRE CODE HAZARD CLASSES This information shall be provided if the local fire chief-deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
- 211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
- 212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.
- 213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
- 214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled; solid, liquid, or gas.
- 215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
- 216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. <u>Fire:</u> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers. <u>Pressure Release</u>: Explosives, Compressed Gases, and Blasting Agents.
 - Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.

Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.

- Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.

 217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the provious year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
- 218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
- 219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
- 220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
- 221. UNITS Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet, or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (BHS) (RS), all amounts must be reported in pounds. If material is a mixture containing an EHS (RS), report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
- 222. DAYS ON SITE List the total number of days during the year that the material is on site.
- 223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored.

 NOTE: If appropriate, you may choose more than one.
- 224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.
- 25. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
- 226. HAZARDOUS COMPONENTS 1-5 (% BY WBIGHT) Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 5 in boxes 230, 234, 238, and 242.)
- 227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 5 in boxes 231, 235, 239, and 243.)
- 228. HAZARDOUS COMPONENTS 1-5 EHS (RS) Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report components 2 5 in boxes 232, 236, 240, and 244.)
- 229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
- 246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

					(one page per material per building	g or area;	
☐ ADD	□ DELETE □ REVISI	E REPORTING	year 2	00C 200	PAGE / OF /		
		I. FACILITY INFOR	MATIO	V	· · ·	٠.	
BUSINESS NAME (Samo	as FACILITY NAME or DBA - Doing B	usiness As)	,	1		3	
		Bob Hope,	Airpo		CONFEDENTIAL	202	
CHEMICAL LOCATION	ando Rd - Sun Vally 1	12000 1) Cluby	33 × 201	(EPCRA)	Yes Ž/No		
			1 MAP#	(optional) 203	GRID# (optional)	204	
FACILITY ID#	R-000-	7682					
		II. CHEMICAL INFO	RMATIC)N			
CHEMICAL NAME			205		oject to EPCRA, refer to instructions) Yes XNo	206	
COMMON NAME	Diesel		207	EHS (RS)*	L res Airo	208	
COMMISSION	•				☐ Yes 🔀 No		
CAS#	68476-3	4-6	209	*If EHS (RS) is "Yes"	", all amounts below must be	in Lbs.	
FIRE CODE HAZARD C	ASSES (Complete if required by CUPA)					210	
		211	RADIOAC	TIME	212 CURIES	213	
HAZARDOUS MATERIA	AL TYPE (Check one item only) D. MIXTURE . c.	WASTE	RADIOAC	Yes X No	CORDED.	:	
PHYSICAL STATE (Che		. 214	LARGEST	CONTAINER		215	
a. SOLID	KID LIQUID C.	GAS	<u>!</u>	1,000 gal.	·	216	
Ma. FIRE		PRESSURE RELEASE	□ d	ACUTE HEALTH	☐ e. CHRONIC HEAL?	гн	
AVERAGE DAILY AMO	DUNT 217 MAXIMUM	M DAILY AMOUNT 218	ANNUAL	WASTE AMOUNT	219 STATE WASTE CODE	220	
1.000	g /	500	'	8			
UNITS* (Check one ite	m only) * If EHS (RS), amount mus			22	DAYS ON SITE:	222	
	GALLONS b. CUBIC	FEET C. POUNDS		d. TONS		223	
STORAGE CONTAINER		ONMETALLIC DRUM 🔲 i	. FIBER D	RUM 🔲 m. GLASS			
b. UNDERGROU	IND TANK [] f. CAN	— ·	: BAG	n. PLAST		≣R	
C. TANK INSIDE			C BOX	□ o. TOTE E ER □ p. TANK \			
☐ d. STEEL DRUM STORAGE PRESSURE	h. SILO	<u> </u>	CILIND	TO LIP. IANK	WACON	224	
	700	b. ABOVE AMBIENT	C. B	ELOW AMBIENT	,	225	
STORAGE TEMPERATO	JRB - 【A】,a. AMBIENT [☐ b. ABOVE AMBIENT	☐ c. B!	ELOW AMBIENT	d. CRYOGENIC	223	
%WT		NT (For mixture or waste on	ly)	EHS (RS)	CAS#		
226	<u> </u>		227	Yes □No		. 229	
1	· .		231	232		233	
230]Yes □No			
234			235	Yes □No ²³⁶		237	
3 238		·	239	240		241	
4]Yes □No			
5		•	243]Yes □No		245	
1	I Imponents are present at greater th	an 1% by weight if non-carcii	logenic, or	0.1% by weight if carci	inogenic, attach additional sh	ects of	
paper capturing the	required information.					246	
	LLY COLLECTED INFORMATIO		5 52 15	770 7.11.	/	240	
Primary	151 contact is	Dan Petrovica	010-	101-2464	<i>'</i>		
If EPCRA, Please Sign Here (Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)							
		ng thresholds must sign each Ch REVIEWED BY	emical Desc	cripiion page for each El	гола геропец спетици.)		
OFFICIAL USE ONLY	DATE RECEIVED	VEATE MED OF	ļ	•			



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESCRIPTION

الاختياء	·				(one page per material per building o	(891B 10
☐ ADD	☐ DELETE ☐ REVISE	REPORTING Y	YEAR	200	PAGE OF	
		I. FACILITY INFOR	MATION	1		
BUSINESS NAME (San	e as FACILITY NAME or DBA - Doing Bu			•	· · · · · · · · · · · · · · · · · · ·	3
			•			
CHEMICAL LOCATIO	4		201	. CHEMICAL LOCATIO		202
			1 1 2 4 200	(EPCRA)	☐ Yes ☐ No	
FACILITY ID#			MAP# (optional) 203	GRID# (optional)	204
		II. CHEMICAL INFOR	MATTO	N		
CHEMICAL NAME		in Chemical Into	205		bject to BPCRA, refer to instructions)	206
dor a corre					☐ Yes ☐ No	
COMMON NAME		•	207	EHS (RS)*	☐ Yes ☐ No	208
CAS#			. 209	PER DITO (DO) 1. (CV.		
				*If EHS (RS) is "Yes	", all amounts below must be in	
FIRE CODE HAZARD (CLASSES (Complete if required by CUPA)					210
HAZARDOUS MATERI	AL TYPE (Check one item only)	211	RADIOACT	TVE	212 CURIES	213
a. PURE		WASTE		☐ Yes ☐ No		
PHYSICAL STATE (Ch ☐ a. SOLID		GAS 214	LARGEST	CONTAINER		215
-	ORIES (Check all that apply)			·	· · · · · · · · · · · · · · · · · · ·	216
☐ a. FIRE		PRESSURE RELEASE	□ d. A	CUTE HEALTH	O e. CHRONIC HEALTH	
AVERAGE DAILY AM	OUNT 217 MAXIMUM	DAILY AMOUNT 218	ANNUAL V	VASTE AMOUNT	219 STATE WASTE CODE	220
,	1					
UNITS* (Check one it	zm only) If EHS (RS), amount must	be in pounds.	······································	22	1 DAYS ON SITE:	222
	. GALLONS D. CUBIC F	EET C. POUNDS		d. TONS		
STORAGE CONTAINED a. ABOVE GRO		METALLIC DRUM: Ti	FIRER DR	UM II m. GLASS	BOTTLE [] q. RAIL CA	223 AR
b. UNDERGROU				n. PLAST	 ,	1
C. TANK INSIDE		□ k.		O. TOTE		j
d. STEEL DRUN	1 h. SILO	<u> </u>	CYLINDER	R 🔲 p. TANK I	WAGON	
STORAGE PRESSURE	☐ a. AMBIENT ☐	b. ABOVE AMBIENT		OW AMBIENT		224
STORAGE TEMPERAT		D. ABOVE AMBIENT	LI C. DEL	OVV AIVIDIENT		225
	a. AMBIENT	b. ABOVE AMBIENT	C. BEL	OW AMBIENT	d. CRYOGENIC	
. %WT	HAZARDOUS COMPONEN	Γ (For mixture or waste only)	EHS (RS)	CAS#	
1 226		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	227	∕es □No 228		229
230			231		·	233
2				∕es □No		233
3			235	res □No 236		237
4 . 238			239 □Y	′es ∐No ²⁴⁰		241
5 242			243 DY	/es □No		245
If more hazardous co	mponents are present at greater than	1% by weight if non-carcino			rogenic, attach additional sheets	s of
	equired information.			···		
ADDITIONAL LUCA	LLY COLLECTED INFORMATION			٠		246
If EPCRA, Please Sign	Here					
	hemicals subject to EPCRA reporting		ical Descrip	otton page for each EP	CRA reported chemical.)	
OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY				

MSDS Copies of other Hazardous Materials

ATTN:

WESTERN COLLOID

Material Safety Data Sheet #302 PARK TOP SEALCOAT & # 327 (Tight Surface Sealcoat)

Chemical Formula: Mixture

Date: _11/30/02

SECTION 1 - MANUFACTURER INFORMATION

Manufacturer's Name:

Addass:

Emergency Phone No.; Information Phone No.:

Western Colloid S.C., Inc.

654 E. 60th St., Los Angeles, CA 90001 323-231-8292

323-231-8292

Western Collaid N.C., Inc. 700 71st Ave., Oakland, CA 9462: 510-430-0270 510-430-0270

SECTION II - HAZARDOUS INGREDIENTS

CHEMICAL NAME

CAS NUMBER

WI. PERCENI

ЦY

SILICEOUS MATERIAL (day)

ASPHALT (TLV is for fumes when heated)

NA 8052-42-4 732-18-5 <35% <26% <40% N/A āma/m³ NQA

SECTION IIL- PHYSICAL DATA

APPEARANCE: BLACKISHBROWN, VISCOUS LIQUID. ODOR: MILD ASPHALTIC ODOR

BOILING POINT: SAME AS WATER (H20)

VAPOR PRESSURE (mmHG); 17
WATER SOLUBILITY: DISSOLVES IN WATER

VAFOR DENSITY (Aim): SAME AS WATER (Ha)

EVAPORATION RATE (BUTYL ACETATE=1): NONE

SPECIFIC GRAVITY (Water=1): 1.32 MELTING POINT: NA

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLANMABLE LIMITS: N/A

FLASH POINT: NONE

EXTINGUISHING METHOD: WATER (Hall), CO, OR DRY CHEMICAL UNUSUAL FIRE OR EXPLOSION HAZARDS: NONE

SPECIAL FIRE-FIGHTING PROCEDURES: NONE

SECTION V - PHYSICAL HAZARDS (REACTIVITY DATA)

STABLET (THERMAL LICKT): STABLE INCOMPATIBILITY (MATERIAL TO AVOID): NONE KNOWN HAZARDOUS POLYMERIZATION: WILL NOT OCCUR HAZARDOUS DECOMPOSITION PRODUCTS: N/A

SECTION VI - HEALTH HAZARDS

ROUTE(S) OF ENTRY: INHALATION? NO SKIN? NO INGESTION? NO HEALTH HAZARDS (ACUTE & CHRONIC): NONE
CARCINOGENICITY: NTP? NO IARC MONOGRAPHS? NO OSHA REGULATED? NO

SIGNS AND SYMPTOMS OF EXPOSURE: PROLONGED SKIN CONTACT MAY CAUSE DERMATITIS. MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE: NONE KNOWN

SECTION VII - EMERGENCY & FIRST AID

SKIN: WASH WITH SOAP AND CLEAN WATER. EYES: FLUSH WITH CLEAN WATER.

Emergency # 1-800-424-9300

Information# (323)-758-1147

PERVO PAINT 6624 STANFORD AVENUE LOS ANGELES, CA 90001

Latest Revision Date...03/27/03

PTWB-01 YELLOW L/F RD. W/B TRAFFIC PAINT

SECTION 1

PRODUCT IDENTIFICATION

PRODUCT CODE..... PTWB-01YEL

PRODUCT NAME..... PTWB-01 YELLOW L/F RD. W/B TRAFFIC PAINT

CHEMICAL FAMILY... WATER-BASED TRAFFIC

Health -Reactivity Hazard.

.. HEALTH: 1. FIRE: 1. REACTIVITY: 0. PERSONAL PROTECTION: R. (See Sect.# 8)

***************************************		********	~~~~	**************************************	***************************************
SECTION 2 HAZAF	DOUS INGREI	DIENTS /	HAZARD DATA		
CHEMICAL NAME(S)	CAS NUMBER	* WT	TLV-TWA	PEL	SEC.313
METHANOL	67-56-1	2-3	200 PPM	200 PPM	Yes
ETHYLENE GLYCOL MONOBUTYL ETHER	111-76-2	1-2	25 PPM	50 PPM	Yes

THOSE INGREDIENTS MARKED BY A Dagger (+) ARE FOUND IN THE OSHA CARCINOGEN LISTS, BY A SINGLE ASTERISK(*) ARE FOUND IN THE PROP 65 LIST

SECTION 3

PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg... 212° F рН..... 9+ VAPOR PRESSURE mm Hg @20° C..... 1.4 VAPOR DENSITY (Air = 1).......... 0.62 SPECIFIC GRAVITY OR BULK DENSITY... 1.6 SOLUBILITY IN WATER..... Soluble EVAPORATION RATE (BuAc = 1)..... 0.33

APPEARANCE..... YELLOW VISCOUS LIQUID

ODOR..... SLIGHTLY AMMONIA

VOC (ex. water/exempt solvent)..... 110 grams/liter (0.92 lbs/gal) VOC (in. water/exempt solvent)..... 54 grams/liter (0.45 lbs/gal)

SECTION 4

FIRE AND EXPLOSION HAZARD DATA

FLASH POINT °F (Test Method)..... 120°F Tag Closed Cup AUTOIGNITION TEMPERATURE...... NOT DETERMINED

FLAMMABILITY LIMITS IN AIR (% V)... Lower: NA, Upper: NA

EXTINGUISING MEDIA...... Water fog, dry chemical, foam or Carbon di oxide

SPECIAL FIRE FIGHTING PROCEDURES... NA UNUSUAL FIRE & EXPLOSION HAZARDS... NONE

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PTWB-01 YELLOW L/F RD. W/B TRAFFIC PAINT
  SECTION 5
                          HEALTH HAZARD DATA * EFFECTS OF OVEREXPOSURE
  SKIN CONTACT.....Prolonged or repeated contact of product with skin may cause irritation.
  EYE CONTACT......Direct contact of product with eyes can cause irritation.
  INHALATION......Vapor or mist can cause headache, nausea, irritation of nose, throat and eyes.
  INGESTION..... Poisonous if swallowed. Can effect the optic nerve and other effects.
  CHRONIC EFFECTS
 OF OVEREXPOSURE....Based on the available data, permanent adverse effects are not expected.
  TOXICOLOGICAL
  TEST DATA.....
                  .. No results available.
 SECTION 6
                                 EMERGENCY AND FIRST AID PROCEDURES
 SKIN........Wash affected areas with water while removing contaminated clothing. Get immediate medical attention. Launder
             contaminated clothing before reuse.
 EYES......Flush eyes with generous amounts of water for at least 15 minutes. Get immediate medical attention.
 INGESTION....If swallowed, DO NOT INDUCE VOMITING. Dilute with water or milk and call a physician immediately. Never give
             fluids or induce vomiting if the victim is unconscious or having convulsions.
 INHALATION... Move to fresh air. Aid in breathing, if necessay, and get immediate medical attention.
 SECTION 7
                                               REACTIVITY DATA
 PRODUCT STABILITY..... Stable
    Conditions to Avoid...... Keep away from heat or direct strong sunlight.
 CHEMICAL INCOMPATIBILITY..... Strong oxidizers
HAZARDOUS DECOMPOSITION PRODUCTS... Carbon monoxide and carbon dioxide.
 HAZARDOUS POLYMERIZATION..... Does not occur
   Conditions to Avoid............ N/A
 CORROSIVE TO METAL........... No
 OXIDIZER.....
SECTION 8
                                    SPECIAL PROTECTION INFORMATION
RESPIRATORY PROTECTION.....NIOSH/MSHA- approved organic vapor respirator when vapors are generated above the permissable
                          limit.
VENTILATION.....Local exhaust to control to rcommended P.E.L.
PROTECTIVE CLOTHING.......Gloves, coveralls, aprons, boots - as necessay to prevent skin contact.
EYE PROTECTION......Chemical goggles or face shield.
OTHER PRECAUTIONS......Shower after handling this product. Clean clothing should be worn daily. Eyewash fountains
                          should be easily accessible. Keep out of reach of children. Use only as directed on label. Close
                          container after each use. Do not reuse container.
SECTION 9
                                       ENVIRONMENTAL INFORMATION
SPILL OR LEAK PROCEDURES...Spills should be contained, solidified and placed in a RCRA licensed facility.
WASTE DISPOSAL METHOD.....Incinerate in a RCRA licensed facility. Do not discharge into waterways or sewer systems without
                         proper authorization.
CONTAINER DISPOSAL......Empty containers with no residue at all may be landfilled at a licensed facility or for
                         recondition. Recommend crushing or other means to prevent unauthorized reuse. Other containers
                         must be disposed of in a RCRA licensed facility.
PROPOSITION 65...........CALIFORNIA SAFE DRINKING & TOXIC ENFORCEMENT ACT of 1986-WARNING: Those ingredients marked by a
                         SINGLE ASTERISK(*), see Sec. 2, are chemicals known to the state of California to cause cancer
                         and birth defects or other reproductive harm. Overexposure from this product may be prevented by
                         following the Section 8 of MSDS.
SECTION 10
                                           SUPPLIER INFORMATION
The information contained herein is based on the data available to us and is believed to be correct. However, PERVO
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PTWB-01 YELLOW L/F RD. W/B TRAFFIC PAINT

SECTION 10 SUPPLIER INFORMATION CONT'D

COATINGS makes no warrenty, expressed or implied regarding the accuracy of these data or the results to obtained from the use thereoff. PERVO assumes no resposibility for injury from the use of the product described herein.

MATERIAL SAFETY DATA SHEET

Emergency # 1-800-424-9300

Information# (323)-758-1147

PERVO PAINT

6624 STANFORD AVENUE LOS ANGELES, CA 90001

U. S. A.

Latest Revision Date...03/27/03

PTWB-01 RD. W/B WHITE TRAFFIC PAINT

SECTION 1

PRODUCT IDENTIFICATION

PRODUCT CODE..... PTWB-01WHT

PRODUCT NAME..... HI-PERFORMANCE WHITE W/B TRAFFIC PAINT

CHEMICAL FAMILY... WATER-BASED TRAFFIC

NFPA.....

Hazard Reactivity Hazard. Hazard 🖳

HMIS RATING..... HEALTH: 1. FIRE: 1. REACTIVITY: 0. PERSONAL PROTECTION: R. (See Sect.# 8)

	SECTION 2	WWW.	INGRED		#AZARD	DATA		***********
-	CHEMICAL NAME(S)	CAS	NUMBER	* WT	TLV-TWA	DAIA	PEL	SEC.313
}	METHANOL		67-56-1	1.5	200 PPM		200 PPM	Yes
	ETHYLENE GLYCOL MONOBUTYL ETHER		111-76-2	1-3	25 PPM		50 PPM	Yes
1	AMMONIA	· 1	336-21-6	≤]	25 PPM		50 PPM	Yes

THOSE INGREDIENTS MARKED BY A Dagger (+) ARE FOUND IN THE OSHA CARCINOGEN LISTS, BY A SINGLE ASTERISK(*) ARE FOUND IN THE PROP 65 LIST

SECTION 3

PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg... 212° F pH..... 9+ VAPOR PRESSURE mm Hg @20° C...... 1.4 VAPOR DENSITY (Air = 1).......... 0.62 SPECIFIC GRAVITY OR BULK DENSITY... 1.70 SOLUBILITY IN WATER..... Soluble EVAPORATION RATE (BuAc = 1)..... 0.33

APPEARANCE..... WHITE VISCOUS LIQUID ODOR...... SLIGHTLY AMMONIA

VOC (ex. water/exempt solvent)..... 75 grams/liter (.63 lbs/gal) MAX. VOC (in. water/exempt solvent).... 50 grams/liter (0.42 lbs/gal)

SECTION 4

FIRE AND EXPLOSION HAZARD DATA

FLASH POINT °F (Test Method)..... 120°F Tag Closed Cup AUTOIGNITION TEMPERATURE...... NOT DETERMINED

FLAMMABILITY LIMITS IN AIR (% V)... Lower: NA, Upper: NA

EXTINGUISING MEDIA...... Water fog, dry chemical, foam or Carbon di oxide

SPECIAL FIRE FIGHTING PROCEDURES... NA UNUSUAL FIRE & EXPLOSION HAZARDS... NONE

PTWB-01 RD. W/B WHITE TRAFFIC PAINT

HEALTH HAZARD DATA * EFFECTS OF OVEREXPOSURE SECTION 5 SKIN CONTACT......Prolonged or repeated contact of product with skin may cause irritation. EYE CONTACT......Direct contact of product with eyes can cause irritation. INHALATION......Vapor or mist can cause headache, nausea, irritation of nose, throat and eyes. INGESTION......Poisonous if swallowed. Can effect the optic nerve and other effects. CHRONIC EFFECTS OF OVEREXPOSURE....Based on the available data, permanent adverse effects are not expected. TOXICOLOGICAL TEST DATA..... ...No results available. EMERGENCY AND FIRST AID PROCEDURES SECTION 6 SKIN.......Wash affected areas with water while removing contaminated clothing. Get immediate medical attention. Launder contaminated clothing before reuse. EYES......Flush eyes with generous amounts of water for at least 15 minutes. Get immediate medical attention. INGESTION....If swallowed, DO NOT INDUCE VOMITING. Dilute with water or milk and call a physician immediately. Never give fluids or induce vomiting if the victim is unconscious or having convulsions. INHALATION... Move to fresh air. Aid in breathing, if necessay, and get immediate medical attention. REACTIVITY DATA SECTION 7 PRODUCT STABILITY..... Stable Conditions to Avoid...... Keep away from heat or direct strong sunlight. CHEMICAL INCOMPATIBILITY..... Strong oxidizers HAZARDOUS DECOMPOSITION PRODUCTS... Carbon monoxide and carbon dioxide. HAZARDOUS POLYMÉRIZATION..... Does not occur Conditions to Avoid..... N/A CORROSIVE TO METAL..... No SPECIAL PROTECTION INFORMATION SECTION 8 RESPIRATORY PROTECTION.....NIOSH/MSHA- approved organic vapor respirator when vapors are generated above the permissable limit. VENTILATION.....Local exhaust to control to rcommended P.E.L. PROTECTIVE CLOTHING.......Gloves, coveralls, aprons, boots - as necessay to prevent skin contact. OTHER PRECAUTIONS......Shower after handling this product. Clean clothing should be worn daily. Eyewash fountains should be easily accessible. Keep out of reach of children. Use only as directed on label. Close container after each use. Do not reuse container. ENVIRONMENTAL INFORMATION SECTION 9 SPILL OR LEAK PROCEDURES...Spills should be contained, solidified and placed in a RCRA licensed facility. WASTE DISPOSAL METHOD.....Incinerate in a RCRA licensed facility. Do not discharge into waterways or sewer systems without proper authorization. CONTAINER DISPOSAL......Empty containers with no residue at all may be landfilled at a licensed facility or for recondition. Recommend crushing or other means to prevent unauthorized reuse. Other containers must be disposed of in a RCRA licensed facility. PROPOSITION 65......CALIFORNIA SAFE DRINKING & TOXIC ENFORCEMENT ACT of 1986-WARNING: Those ingredients marked by a SINGLE ASTERISK(*), see Sec. 2, are chemicals known to the state of California to cause cancer and birth defects or other reproductive harm. Overexposure from this product may be prevented by following the Section 8 of MSDS.

SECTION 10

SUPPLIER INFORMATION

The information contained herein is based on the data available to us and is believed to be correct. However, PERVO

PTWB-01 RD. W/B WHITE TRAFFIC PAINT

SECTION 10

SUPPLIER INFORMATION

COATINGS makes no warrenty, expressed or implied regarding the accuracy of these data or the results to obtained from the use thereoff: PERVO assumes no resposibility for injury from the use of the product described herein.

MATERIAL SAFETY DATA SHEET

Emergency # 1-800-424-9300

Information# (323)-758-1147

Latest Revision Date...03/27/03

PERVO PAINT 6624 STANFORD AVENUE

LOS ANGELES, CA 90001

U.S.A

PTWB-01 BLACK RD. W/B TRAFFIC PAINT

SECTION 1

PRODUCT IDENTIFICATION

PRODUCT CODE..... PTWB-018LK

PRODUCT NAME..... PTWB-01 BLACK RD. W/B TRAFFIC PAINT

CHEMICAL FAMILY... WATER BASED TRAFFIC

NFPA.....

Hazard Health -Reactivity Hazard -Specific Hazard =

HMIS RATING...... HEALTH: 1. FIRE: 1. REACTIVITY: 0. PERSONAL PROTECTION: R. (See Sect.# 8)

SECTION 2 HAZARDOUS INGREDIENTS / HAZARD DATA CHEMICAL NAME(S) * WT CAS NUMBER TLV-TWA SEC.313 2-3 200 PPM **METHANOL** 67-56-1 200 PPM Yes 111-76-2 25 PPM ETHYLENE GLYCOL MONOBUTYL ETHER 1-2 50 PPM Yes

THOSE INGREDIENTS MARKED BY A Dagger (+) ARE FOUND IN THE OSHA CARCINOGEN LISTS, BY A SINGLE ASTERISK(*) ARE FOUND IN THE PROP 65 LIST

SECTION 3

PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg... 212° F pH..... 9+ VAPOR PRESSURE mm Hg @20° C...... 1.4 VAPOR DENSITY (Air = 1).......... 0.62 SPECIFIC GRAVITY OR BULK DENSITY... 1.60 SOLUBILITY IN WATER..... Soluble

EVAPORATION RATE (BuAc = 1)..... 0.33

APPEARANCE...... BLACK VISCOUS LIQUID

ODOR......SLIGHTLY AMMONIA

VOC (ex. water/exempt solvent)..... 110 grams/liter (0.92 lbs/gal) VOC (in. water/exempt solvent)..... 54 grams/liter (0.45 lbs/gal)

SECTION 4

FIRE AND EXPLOSION HAZARD DATA

FLASH POINT °F (Test Method)..... 120°F Tag Closed Cup

AUTOIGNITION TEMPERATURE...... NOT DETERMINED

FLAMMABILITY LIMITS IN AIR (% V)... Lower: NA, Upper: NA

EXTINGUISING MEDIA...... Water fog, dry chemical, foam or Carbon di oxide

SPECIAL FIRE FIGHTING PROCEDURES... NA

UNUSUAL FIRE & EXPLOSION HAZARDS... NONE

PTWB-01 BLACK RD. W/B TRAFFIC PAINT

SECTION 5 HEALTH HAZARD DATA * EFFECTS OF OVEREXPOSURE SKIN CONTACT......Prolonged or repeated contact of product with skin may cause irritation. EYE CONTACT......Direct contact of product with eyes can cause irritation. INHALATION......Vapor or mist can cause headache, nausea, irritation of nose, throat and eyes. INGESTION......Poisonous if swallowed. Can effect the optic nerve and other effects. CHRONIC EFFECTS OF OVEREXPOSURE....Based on the available data, permanent adverse effects are not expected. TOXICOLOGICAL TEST DATA..... ... No results available. SECTION 6 EMERGENCY AND FIRST AID PROCEDURES SKIN.......Wash affected areas with water while removing contaminated clothing. Get immediate medical attention. Launder contaminated clothing before reuse. EYES......Flush eyes with generous amounts of water for at least 15 minutes. Get immediate medical attention. INGESTION....If swallowed, DO NOT INDUCE VOMITING. Dilute with water or milk and call a physician immediately. Never give fluids or induce vomiting if the victim is unconscious or having convulsions. INHALATION. .. Move to fresh air. Aid in breathing, if necessay, and get immediate medical attention. SECTION 7 REACTIVITY DATA PRODUCT STABILITY..... Stable Conditions to Avoid...... Keep away from heat or direct strong sunlight. CHEMICAL INCOMPATIBILITY..... Strong oxidizers HAZARDOUS DECOMPOSITION PRODUCTS... Carbon monoxide and carbon dioxide. HAZARDOUS POLYMERIZATION..... Does not occur Conditions to Avoid...... N/A CORROSIVE TO METAL..... No SECTION 8 SPECIAL PROTECTION INFORMATION RESPIRATORY PROTECTION.....NIOSH/MSHA- approved organic vapor respirator when vapors are generated above the permissable limit. VENTILATION.....Local exhaust to control to rcommended P.E.L. PROTECTIVE CLOTHING.......Gloves, coveralls, aprons, boots - as necessay to prevent skin contact. EYE PROTECTION......Chemical goggles or face shield. OTHER PRECAUTIONS......Shower after handling this product. Clean clothing should be worn daily. Eyewash fountains should be easily accessible. Keep out of reach of children. Use only as directed on label. Close container after each use. Do not reuse container. SECTION 9 ENVIRONMENTAL INFORMATION SPILL OR LEAK PROCEDURES...Spills should be contained, solidified and placed in a RCRA licensed facility. WASTE DISPOSAL METHOD.....Incinerate in a RCRA licensed facility. Do not discharge into waterways or sewer systems without proper authorization. CONTAINER DISPOSAL...... Empty containers with no residue at all may be landfilled at a licensed facility or for recondition. Recommend crushing or other means to prevent unauthorized reuse. Other containers must be disposed of in a RCRA licensed facility. PROPOSITION 65......CALIFORNIA SAFE DRINKING & TOXIC ENFORCEMENT ACT of 1986-WARNING: Those ingredients marked by a SINGLE ASTERISK(*), see Sec. 2, are chemicals known to the state of California to cause cancer and birth defects or other reproductive harm. Overexposure from this product may be prevented by following the Section 8 of MSDS.

SECTION 10

SUPPLIER INFORMATION

The information contained herein is based on the data available to us and is believed to be correct. However, PERVO

PTWB-01 BLACK RD. W/B TRAFFIC PAINT

SECTION 10

SUPPLIER INFORMATION

CONTID

COATINGS makes no warrenty, expressed or implied regarding the accuracy of these data or the results to obtained from the use thereoff. PERVO assumes no resposibility for injury from the use of the product described herein.



UNIFIED PROGRAM (UP) FORM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED EXTREMELY HAZARDOUS SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Calarp (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

BUSINESS NAME						· · · · · · · · · · · · · · · · · · ·		
,	Ilman Asamust	_	•			•		· ·
FACILITY ID#	Hope Airport	PPA TO#		2	PROGRAM LEVE			246a
AROCC	7682	147601	19564		T 1	2	3	
NAME OF CORPORATE PAREN		CAD980	20120	46b I DUIN & BI	RADSTREET NUMBER	-		106
Burbank-Glendule-Pa		A. H. m. I		DON & B	KADSIKCEI NOMBER	•		•
PERSON RESPONSIBLE FOR RI	MP (First Name, Last Name)	- Hughorita		46c TITLE			·	246d
Ron Mason and			•	1 -	Foreman			
LATITUDE	2460	LONGITUDE		. 246f	PROCESS SIC			J07a
	}					•		j
DOES THE FACILITY HAVE SU	BSTANCES LISTED IN 40 C	FR 355	208 DO	ANY PROCESSE	ES REQUIRE A CLEAN	AIR ACT T	TLE V	246g
APPENDIX A (EHS) (RS)?]Yes □ No	i i	RATING PERM			No	
IS PACILITY SUBJECT TO 29C	R 1910.119/CCR 8 SEC 189(F	SM)? 246h	LAST SAFETY	INSPECTION ·		******		246i
☐ Yes	☐ No		DATE	1	AGENC	Y		
CHEMICAL NAME	ي بري الم			205	CAS#			209
	Acitoni	<u>.</u>			67-6	4-1		
MAXIMUM DAILY AMOUNT	Acidone 160 gal Paint re			218a				221
	160 aal)						j
PROCESS DESCRIPTION	0	0				***************************************		248)
	paint 10	moval						
	·							
,	A 150 in	use: 6/4	phosote-	N For	weed abat	ement		
	01 150	•						
							•	
PRINCIPAL EQUIPMENT	yla l		4					246k
	Man	ical applica	utors					
·	•	• •						
				•				
	•			_				
L	·		·					
•		CER	FIFICATION					
I, the owner or operator of t	he aforementioned busine			n information	provided above is tr	ie, accurat	e, and com	plete to the
best of my knowledge based		I am fully aware the	at this certificati	on executed or	the date indicated b	elow is ma	de under p	enalty of
perjury under the laws of th OWNER/OPERATOR NAME	e State of Camornia.	· ·	2461 OW	NER/OPERATO	OR TITLE			246m
			"		·== = ====			
OWNER/OPERATOR SIGNATU	RE		DÄ	TE		······································		246n
					11			
OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY						
OFFICIAL USE UNLI	DATE RECEIVED	REVIEWED BY				1		
1		}	•					



CITY OF BURBANK

311 ORANGE GROVE AVENUE, BURBANK CALIFORNIA 91502-1221 (818) 238-3473 FAX (818) 238-3479

.

January 10, 2007

Dennis O'Connor BGP Airport Authority 2627 N Hollywood Way Burbank CA 91505

SUBJECT: 00125 - BOB HOPE AIRPORT

3000 N CLYBOURN AVE #34B

In July 1997, the City of Burbank became part of the Los Angeles County Certified Unified Program Agency (LACoCUPA). The LACoCUPA consolidates six environmental programs. The City of Burbank is responsible for the management of four of these six programs. They include Underground Storage Tanks, Hazardous Materials Disclosure and Response, Risk Management, and enforcement of the Hazardous Materials Management requirements of the Fire Code.

California Health & Safety Code, Chapter 6.95, Article 1 and Burbank Municipal Code §15-1-8001-3.3 require all businesses that store, use, or handle hazardous materials in quantities that meet or exceed the thresholds established in Health & Safety Code §25503.6, must submit a completed Hazardous Materials Inventory Disclosure Statement annually. Our records indicate that you meet these requirements.

Enclosed you will find the following forms which you are required to complete and submit to us by March 1, 2007:

✓ The Hazardous Materials Annual Re-Certification Procedure

A list of the hazardous materials identified at your facility may be included in the package. Review it carefully. You may complete and sign and submit the Annual Re-Certification Procedure for the Hazardous Materials Disclosure Report only, provided you can attest to the following:

- The most recent information submitted to the Burbank Fire Department is complete, accurate and up to date. (See attached list)
- There have been no changes in the quantities of hazardous materials as reported in the most recent submittal.
- No hazardous materials subject to the inventory reporting requirements are being handled that are not listed in the most recently submitted inventory report.
- The most recently submitted annual inventory report contains information required by Section 11022 of Title 42 of the United States Code.

HAZARDOUS MATERIALS INVENTORY DISCLOSURE STATEMENT **00125 - 3000 N Clybourn Ave #34B**January 10, 2007 Page 2

✓ The Facility Information Section

Everyone is required to submit their signed Facility Information for 2007. This form has been filled out with the information we currently have on file. If there are any blanks, please complete this information. If there are any changes, please cross out the filled in information and write in your new information.

✓ The Hazardous Materials Section

These forms are provided for your convenience to be completed if you have added any new Hazardous Materials, deleted any Hazardous Materials, or if there are any changes in quantities or substances to be reported.

These Hazardous Materials Inventory Disclosure forms are currently part of a Consolidated Permit Package issued by the Los Angeles County Certified Unified Program Agency (LACoCUPA). Please carefully read the instructions, complete the appropriate forms, and sign where indicated. Return ORIGINAL forms to the Burbank Fire Department by March 1, 2007. Failure to submit a properly completed Inventory or signed Annual Re-Certification Statement by the due date could result in civil penalties. A self-addressed envelope is enclosed for your convenience. BE SURE TO RETAIN A COPY FOR YOUR RECORDS.

You can now request the Hazardous Materials and the Consolidated Contingency Plan forms to be sent to you by Email. These forms may be completed on your computer by using Microsoft Word. If you have any questions, or if we can be of any assistance, please contact the Fire Prevention Bureau at (818) 238-3475.

Thank you for your cooperation.

Jorg Martinez, Fire Safety Analyst

/md



BURBANK FIRE DEPARTMENT

00125

HAZARDOUS MATERIALS DIVISION

311 East Orange Grove Avenue, Burbank CA 91502-1221

HAZARDOUS MATERIALS REPORTING FORMS

Enclosed is your most recent Hazardous Materials Inventory Statement based on the latest information available. Please carefully review it for accuracy. The requirements for submitting a consolidated Contingency Plan have changed (see * on page 1). If you require assistance in completing these forms, please feel free to contact the Burbank Fire Department, Hazardous Materials Division, at (818) 238-3475, Monday through Friday 7:30 to 9:00 AM and 1:00 to 4:00 PM.

Return to the Burbank Fire Department this Re-Certification Procedure Page signed and dated along with a newly completed and signed Business Activities Form, Business Owner/Operator Identification Form, and any other appropriate and/or requested forms on or before March 1. Failure to complete and return these forms by March 1 may result in fines and penalties. Keep a copy of the entire package for your records. To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the March 1 deadline.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es)

. ^	HAZARDOUS MATERIALS:	·	
D	Delete: If you no longer handle a material complete a Chemical Description form writing	on the Inventory Statement provided, draw a ling "DELETE" across the form for each ma	tine through the discontinued material, and aterial you no longer handle.
	Add: If you are handling materials not previnformation on the form (one form per mater		Description form and complete all
	Revise/Update: Cross out any errors on the Chemical Description form and complete al		
N e	No Change: There has been no change in t provided along with a newly completed and this Re-Certification Procedure page signed	signed Business Activities Form, Business	
107	CONSOLIDATED CONTINGENCY	PI.AN•	•
П	Change: Mark this Box if you are updating	,	
	No Change: Mark this box if the Consolid		complete.
	REGULATED SUBSTANCE REGIST	TRATION:	•
	Regulated Substance Registration: If y complete the Regulated Substance Registration list of Regulated Substances is attached for regulated Substances.	tion Form. Complete only if substance is at	previously disclosed, you must also tor above threshold Quantity (TQ). A
SI	TE SUBMITTAL OF THE HAZARDOUS MAT TATE & FEDERAL INVENTORY INFORMAT: EGULATIONS.		
	Δ)	NNUAL CERTIFICATION	
Ιc	ertify under penalty of law that I have persona		rein and believe the submitted information
is	complete, accurate, and up to date. Also, no hi	azardous materials subject to the inventory	requirements of this chapter, (California
He	ealth & Safety Code Chapter 6.95) are being h	andled that are not listed on the most recent	ly submitted annual inventory form.
•	Dennis O Connor	DAN tEGEN	Nan Four
P	rint Name of Document Preparer	Print Name of Owner/Operator	Signature of Owner/Operator
Ē	ob Hope Airport	3000 N Clybourn Ave #34B	1/10/07
	Susiness Name	Facility/Site Address	Date



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY—CHEMICAL DESCRIPTION

		JO IVALKI			OICI	CILITY	110211	(one page	per material per build	
☐ ADD	DELETE	☐ REVIS	E RE	PORTING	YEAR 2	<u>00</u> 7	200	PAGE_	OF	
	, , , , , , , , , , , , , , , , , , ,		I. FACILIT	Y INFOR	MATIO	N				
BUSINESS NAME (Sam	e as FACILITY NAME	or DBA – Doing :	Business As)							3
CHEMICAL LOCATION					201	CHEMICAL L		-		202
Main	finance De	pt.			" 1 8275	(EPCRA	<u>'</u>		res 🔲 No	
FACILITY ID#	4R-00	2 년 _	1256		1 MAP#	(optional)	203	GRID# (o	ptional)	204
	;		II. CHEMICA	L INFO	RMATI(N				
CHEMICAL NAME	Acu	one			205	TRADE SECR	ET (IfSubje	et to EFCRA	refer to instructions)	206
COMMON NAME	Acet	one pour	int		207	BHS (RS)*		Y	es 🖈 No	208
CAS#	67-	64-1			209	*If EHS (RS	i) is "Yes",	ali amoı	ints below must b	e in Lbs.
FIRE CODE HAZARD C	LASSES (Complete if r	equired by CUPA)			· · · · · · · · · · · · · · · · · · ·				210
HAZARDOUS MATERI				211	RADIOAC			212	CURIES	213
PHYSICAL STATE (Ch	b. MIXTU	RE ∐ c	. WASTE	214	LARGEST	☐ Yes ☐	Z No		•	215
a. SOLID	⊠b. LiQUID		. GAS				<u> </u>			216
a. FIRE	b. REAC		. PRESSURE R	ELEASE	□ d.	ACUTE HEA	LTH [e, Cl	HRONIC HEAL	
AVERAGE DAILY AM	OUNT 2	17 MAXIMU	M DAILY AMOUNT	218	ANNUAL	WASTE AMOU	NT 2	19 STA	TE WASTE CODE	g 220
/	60 gal.	<u> </u>					•		•	
UNITS* (Check one ite	• •	(RS), amount mu		DOLLNIDA		Landia	221	DAYS	ON SITE:	. 222
STORAGE CONTAINE	. GALLONS	b. CUBIC	reel L c	. POUNDS		d. TONS		<u> </u>	· · · · · · · · · · · · · · · · · · ·	223
a. ABOVE GRO			ONMETALLIC DRI			RUM 🔲 m.			🗌 q. RAIL	
☐ b. UNDERGROU	<i>[</i>	f. CAN g. CARBOY	·		BAG , BOX		PLASTIC TOTE BII		E 🔲 r. OTH	ER
d. STEEL DRUN	•	h, SILO			CYLIND		TANK W		•	
STORAGE PRESSURE			T b ABOVE AM							224
STORAGE TEMPERAT	URE		b. ABOVE AME		-	ELOW AMBIEN				225
····	(X) a. Al	BIENT	☐ b. ABOVE AME	BIENT	C. BE	LOW AMBIEN	łΤ	d. CI	RYOGENIC	
%WT	HAZARDOU	COMPONE	NT (For mixture o	r waste onl		EHS (RS)			CAS#	
226 1					227]Yes ∐No	228			229
2 230					231]Yes □No	232	,		233
3 234					235]Yes ∐No	236	·		237
4 238					239	Yes □No	240			241
5					243]Yes □No	244		· · · · · · · · · · · · · · · · · · ·	245
If more hazardous co			ıan 1% by weight if	non-carcin	ogenic, or	0.1% by weigh	t if carcino	genic, at	tach additional si	heets of
ADDITIONAL LOCA	<u> </u>		N.							246
Acitone pai	at For run	Klay Sur	faces no lo	nger in	use;	switched	te wa	fer-	resed gains	2006.
If EPCRA, Please Sig (Facilities reporting C		DCD A wanted	an througholds were -	m agel Cl.	wing! Doc-	winthou f	and EDG	D / w		
				gn each Che	micai <u>Desc</u>	ription page for	each EPC	na repor	iea cnemical.)	
OFFICIAL USE ONLY	DATE RECEIVE	J	REVIEWED BY					- }		



UNIFIED PROGRAM (UP) FORM BUSINESS OWNER / OPERATOR IDENTIFICATION

00125

☐ NEW BUSINESS ☐ OUT O	F BUSINESS (REVISE/UPDATE	(EFFECTIV	E F/O of		PAGE <u>1</u> OF <u>2</u>
	I. IDENTIJ	FICATIO			<u> </u>
FACILITY ID# (CUPA #)	AR0041256	1	BEGINNING DATE	2007	BNDING DATE 101 12/31/2007
	TY NAME or DBA - Doing Business As)			3 BUSINESS	
Bob Hope Airp	ort	····			818-840-8840 103
3000 N Clybour	n Ave #34B			<u> </u>	·
cmy Burbank		104 STATE	CA	ZIP CODE	91505
DUN & BRADSTREET NUMBER	-		106	SIC CODE (4 DIGIT	4581 107
COUNTY Los Angeles			- 108	UNINCORPORAT	ED 133a
BUSINESS OPERATOR Dan Feger		——————————————————————————————————————	109	BUSINESS OPERA	
Dairreger	II. BUSINE	SS OWN	ED		010-040-0040
OWNER NAME		755 0 1711.	111	OWNER PHONE	112
Burb/Glen/Pas owner MaiLing Address	Airport Authority				818-840-8840
2627 Hollywoo	od Way				·
CITY Burbank		11	4 STATE	CA	15 ZIP CODE 91505
	III. ENVIRO	ONMENT	AL CONTA	CT	
CONTACT NAME Dennis O'Conn	or		117	CONTACT PHONE	818-840-8840
CONTACT MAILING ADDRESS 2627 N Hollywo			· · · · · · · · · · · · · · · · · · ·		119
CITY	ou way	12		. 121	ZIP CODB · 122
Burbank				:A	91505
	The state of the s		ONTACTS	SE	CONDARY-
NAME Len Silvernail		1	Dennis O'	Connor	128
TITLE Superintendent	t Airport Maint	****	Superviso	or Environm	ental Compliance
BUSINESS PHONE	125	BUSINES	PHONE		130
818-504-0777 24-HOUR PHONE	126	24-HOUR			131
818-381-3411 PAGER #	\127		<u>818-840-8</u>	830	132
818-529-6726			<u>818-529-3</u>	510	
·					NFORMATION
NUMBER OF EMPLOYEES	110	FEDERAL	TAX IDBNTIFIC	CATION NUMBER 95-3337	7732
	MAILIN	G/BILL	NG INFOR	MATION	
NAME BGP Airport Au	ithority 1331	CONTAC	Dennis O	'Connor	133h PHONE NUMBER 133j 818-840-8840
ADDRESS 2627 N Hollywo	133d		Burbank	133e STATE	133f ZIP CODE 133g
L ZUZI IN TIONYWO		ICATION			CA 91505
	those individuals responsible for obtaining the information is true, accurate, and complete.			v that I have personal	ly examined and am familiar with the
L	DR OR DESIGNATED REPRESENTATIVE	DATE	/ 134	NAME OF DOCK	JMENT PREPARER 135
AYUN tay	er.		0/07	Denni	5 CConner
NAME OF SIGNER (PRIVA	EP-	136 TATLE	OF SIGNER	Executi	ve Director 137
			V		



UNIFIED PROGRAM (UP) FORM BUSINESS ACTIVITIES

00125

YEAR 2007

PAGE 2 OF 2

· · · · · · · · · · · · · · · · · · ·	I, PACILITI IDEN	HEICATION	
FACILITY ID # (CUPA #)	AR0041256	1 BPA ID # (Hazardous Waste Only) CAD 980695647	2
BUSINESS NAME (San	ne as Facility Name of DBA-Doing Business As)		3
Bob Hope	Airport	·	

····	II. ACTIVITIES DECLARATION								
	NOTE: Please submit the Business Owner/Operator Identification Form with this Page								
	Does your facility	If Yes, please o	omplete these pages of the UPCF						
<u>A.</u>	HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	XIYES □ NO 4	 ✓ HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESC ✓ CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) ✓ TRAINING PLAN 						
<u>B.</u>	UNDERGROUND STORAGE TANKS (USTs)		✓UST FACILITY						
1	Own or operate underground storage tanks?	YES NO 5	✓UST TANK (one page per tank)						
2.	Intend to upgrade existing or install new USTs?	☐YES X NO 6	∠ UST FACILITY						
3.	Need to report closing a UST?	□ yes 🕅 no 7	✓UST TANK (one per tank) ✓UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)						
C.	ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)	LI TES AT NO 7	✓UST TANK (closure portion –one page per tank)						
	Own or operate ASTs above these thresholds: any tank capacity is greater than 660 gallons, or the total capacity for the facility is greater than 1,320 gallons?	Xiyes □ no 8	NO FORM REQUIRED TO CUPA'8						
<u>D.</u> 1.	HAZARDOUS WASTE Generate hazardous waste?	XYES NO 9	 ✓ EPA ID NUMBER – provide at the top of this page. ✓ As a generator, answer YES to Item E2b and complete Waste Generator Form. 						
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES 🌠 NO 10	✓ RECYCLABLE MATERIALS REPORT						
3.	Treat hazardous waste on site?	□ yes 🎢 no 11	✓ ON-SITE HAZARDOUS WASTE TREATMENT – FACILITY ✓ ON-SITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)						
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES X NO 12	✓ CERTIFICATION OF FINANCIAL ASSURANCE						
. 5.	Consolidate hazardous waste generated at a remote site?	TYES DO NO 13	✓ REMOTE WASTE / CONSOLIDATION · SITE ANNUAL NOTIFICATION						
6.	Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?	☐ YES [X] NO 14	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION						
E. 1. 2. a.	LOCAL REQUIREMENTS REGULATED SUBSTANCES Have Regulated Substances (RS) including Extremely Hazardous Substances (BHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (CalARP)? OTHER REQUIREMENTS Have hazardous materials stored on site at or above a threshold amount	□ YES 🗖 NO 15a □ YES 🗖 NO 15b	In addition to Hazardous Materials requirements, complete: reQULATED SUBSTANCE REGISTRATION RISK MANAGEMENT PLAN (when required) Consult local CUPA or PA for added						
ъ.	established by a CUPA or PA to provide other information?	MAYES TO NO 15c	reporting requirements. WASTE GENERATOR FORM (LA County)						

EXHIBIT "F"

TO AUTHORITY'S RESPONSES TO U.S. EPA INFORMATION REQUEST NO. 17

Date	Parcel/Area	Author	File
	Other4750 Wheatland		D-01
May-94	Other7604Wheatland	Fugro West, Inc.	D-02
October-01	B6/Bld. 360	ENSR	D-03
January-96	Other6 Sites	Fugro West, Inc.	D-04
October-01	B-6/Bld. 360	ENSR	D-05
February-02	B-6/Bld. 360	Regional Water Quality Cont. Bd.	D-06
	USTsall areas	A. L. Burke Engineers, Inc.	D-07
January-88	OtherOld Trappers	A. L. Burke Engineers, Inc.	D-08
January-92	C-1Serv. Rd.	A. L. Burke Engineers, Inc.	D-09
	C-1Serv. Rd.	Target Environmental	D-10
November-91	C-1Serv. Rd.	Target Environmental	D-11
April-02	B-6/Bld. 360	ENSR	D-12